



April 2022

**Molina Healthcare of Nevada
&
Nevada Check-Up**

**Preferred Drug List
(Formulary)/
Lista de Medicamentos Preferidos
(Formulario)**



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Molina Healthcare of Nevada
Medicaid**

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- o Skilled sign language interpreters
- o Written material in other formats (large print, audio, accessible electronic formats, Braille)
- Language services to people who speak another language or have limited English skills
- o Skilled interpreters
- o Written material translated in your language
- o Material that is simply written in plain language

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Civil Rights Coordinator
200 OceanGate
Long Beach, CA 90802

You can also e-mail your complaint to civil.rights@molinahealthcare.com

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U.S. Department of Health and Human Services
200 Independence Ave., SW
Room 509F, HHH Bldg.
Washington, D.C. 20201

You can also send it to a website through the Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or call (800) 368-1019, TTY (800) 537-7697.



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(04/01/2022)

FORMULARY GUIDE (ENGLISH)

INTRODUCTION

We are pleased to provide the *2022 Molina Healthcare of Nevada Preferred Drug List (Formulary)* as a useful reference and informational tool. This document can assist medical providers in selecting clinically appropriate and cost-effective products for their patients.

The drugs represented have been reviewed by a Pharmacy and Therapeutics (P&T) Committee and are approved for inclusion. The document is reflective of current medical practice as of the date of review.

The information contained in this document and its appendices is provided solely for the convenience of medical providers. We do not warrant or assure accuracy of such information nor is it intended to be comprehensive in nature. All the information in the document is provided as a reference for drug therapy selection.

The document is subject to state-specific regulations and rules, including, but not limited to, those regarding generic substitution, controlled substance schedules, preference for brands and mandatory generics whenever applicable.

We assume no responsibility for the actions or omissions of any medical provider based upon reliance, in whole or in part, on the information contained herein. The medical provider should consult the drug manufacturer's product literature or standard references for more detailed information.

PREFACE

The document is organized by sections. Each section is divided by therapeutic drug class primarily defined by mechanism of action.

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

The services of a Pharmacy and Therapeutics Committee ("P&T Committee") are utilized to approve safe and clinically effective drug therapies. The P&T Committee is an advisory body of clinical professionals. The P&T Committee's voting members include physicians and pharmacists, all of whom have a broad background of clinical and academic expertise regarding prescription drugs. Voting members of the P&T Committee must disclose any financial relationship or conflicts of interest with any pharmaceutical manufacturers.

DRUG LIST PRODUCT DESCRIPTIONS

To assist in understanding which specific strengths and dosage forms on the document are covered, general principles are noted below.

- The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., LIPITOR). Generic drugs are listed in lowercase italics (e.g., atorvastatin).
- The second column (labeled Drug Tier) will list what tier the drug is placed on in the Drug Formulary.
- The third column (Requirements/Limits) contains any special requirements for coverage of your drug.
- If the OTC and Prescription versions of the product are covered, then both are listed.
- Extended-release and delayed-release products require their own entry.
- Dosage forms on the document will be consistent with the category and use where listed.

GENERIC SUBSTITUTION

Generic substitution is a pharmacy action whereby a generic version is dispensed rather than a prescribed brand-name product. In this document, lowercase italicized type indicates generic availability. In most instances, a brand-name drug for which a generic product becomes available will become non-formulary, with the generic product covered in its place, upon release of the generic product to the market. However, the document is subject to state specific regulations and rules regarding generic substitution and mandatory generic rules apply where appropriate.

Prescription generic drugs are:

- Usually priced lower than their brand-name equivalents
- Approved by the U.S. Food and Drug Administration for safety and effectiveness, and are manufactured under the same strict standards that apply to brand-name drugs
- Tested in humans to assure the generic is absorbed into the bloodstream in a similar rate and extent compared to the brand-name drug (bioequivalence). Generics may be different from the brand in size, color and inactive ingredients, but this does not alter their effectiveness or ability to be absorbed just like the brand-name drug
- Manufactured in the same strength and dosage form as the brand-name drugs

When a generic drug is substituted for a brand-name drug, you can expect the generic to produce the same clinical effect and safety profile as the brand-name drug (therapeutic equivalence).

PLAN DESIGN

The medications listed on the document are covered by the plan as represented. Certain medications on the list are covered if utilization management criteria are met (i.e., Step Therapy, Prior Authorization, Quantity Limits, etc.); requests for use of such medications outside of their listed criteria will be reviewed for medical necessity. If a medication is not listed on the document, a formulary exception may be requested for coverage. Medical necessity or formulary exception requests will be reviewed based on drug-specific prior authorization criteria or standard non-formulary prescription request criteria. Log into www.molinahealthcare.com to check coverage.

PRIOR AUTHORIZATION REQUEST PROCEDURE

Prescriptions for medications requiring prior approval or for medications not included on the Molina Drug Formulary may be approved when medically necessary and when formulary options have demonstrated ineffectiveness. When these exceptional situations arise, the physician may fax a completed drug prior authorization form to Molina at (844) 259-1689. The forms may be obtained by logging into the website www.molinahealthcare.com. Trials of pharmaceutical samples will not be considered as rationale for approving a prior authorization request.

PRIOR AUTHORIZATION HELPFUL HINTS

To ensure the quickest response possible from MHU Pharmacy Department, please provide relevant information with the Prior Authorization request.

The following are examples:

Class of Medication/Diagnosis	Requested Clinical Information
Cholesterol Lowering	Lipid Panel, Cardiovascular risk factors
Diabetes	A1c Report
Non-Formulary/Non-Preferred Medication	Medication Log and/or Progress Notes documenting previous use of Formulary medications

REQUESTING FORMULARY CHANGES

If you are a prescriber and would like to request a formulary change, please submit your request and rationale to Molina's Pharmacy Department with your contact information.

Fax: (844) 259-1689

CATEGORIES OF CONSIDERATION

OPIOID ANALGESICS

All Opioid Analgesics are subject to a Morphine Equivalent Dose of 90 mg per day. Concurrent use of opioids with benzodiazepines or muscle relaxants is excluded.

EXCLUDED SERVICES

Please note that certain medications are excluded. These include, but are not limited to:

- Drugs not eligible for Federal Medicaid funds
- Drugs for anorexia, weight loss or weight gain
- Drugs to promote fertility
- Drugs for cosmetic purposes or hair growth
- Nonprescription drugs (Over-the-Counter or OTC), except for the medications listed on the preferred drug list
- Drugs for which the manufacturer requires, as a condition of sale, that associated tests and monitoring services are purchased exclusively from the manufacturer or its designee
- Drugs for the treatment of sexual or erectile dysfunction
- Experimental or Investigational Medications
- Pharmaceuticals determined by the Federal Drug Administration (FDA) to be less than effective and identical, related or similar drugs (frequently referred to as “DESI 5 and 6” drugs)
- Drug product not in Medicaid Drug Rebate Program

NOTICE

The information contained in this document is proprietary. The information may not be copied in whole or in part without written permission. ©2021. All rights reserved.

This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers.

FORMULARY UPDATES

Please review the formulary changes which pertain to the Pharmacy Benefit unless denoted otherwise. If you have questions, contact Molina Health Plan's Pharmacy Help Desk.

LEGEND

AGE	Age Limit
MED	Max 90 mg Morphine Equivalent Dose per day
OTC	Over-the-counter, covered benefit with a prescription
PA	Prior Authorization
PA, QL	Quantity Limit is applied after Prior Authorization approval
QL	Quantity Limit
SP	Specialty Drug; these drugs must be obtained through a specialty pharmacy
ST	Step Therapy
<i>lowercase</i>	Indicates generic availability
UPPERCASE	Indicates brand availability

GUÍA DE FORMULARIO (ESPAÑOL)

INTRODUCCIÓN

Nos complace proporcionar la *Lista de Medicamentos Preferidos de Molina Healthcare of Nevada 2022 (Formulario)* como una herramienta de referencia e información útil. Este documento puede ayudar a los proveedores médicos a seleccionar productos clínicamente apropiados y rentables para sus pacientes.

Los medicamentos representados fueron revisados por un Comité de Farmacia y Terapéutica (P&T, *Pharmacy and Therapeutics*) y están aprobados para su inclusión. En el documento se refleja la práctica médica actual a la fecha de revisión.

La información contenida en este documento y sus apéndices se proporciona únicamente para la conveniencia de los proveedores médicos. No garantizamos ni aseguramos la exactitud de dicha información. Tampoco fue hecha con un propósito integral. Toda la información del documento se proporciona como referencia para la selección de la terapia con medicamentos.

El documento está sujeto a normas y reglamentos específicos del estado, incluidos, entre otros, aquellos relacionados con la sustitución genérica, los programas de sustancias de administración controlada, la preferencia de marcas y los genéricos obligatorios cuando corresponda.

No asumimos responsabilidad alguna por las acciones u omisiones de cualquier proveedor médico en función de la confianza, total o parcial, en la información contenida en el presente documento. El proveedor médico debe consultar la documentación del producto provista por el fabricante del medicamento o las referencias estándar para obtener información más detallada.

PREFACIO

El documento está organizado en secciones. Cada sección se divide según la clase terapéutica del fármaco, la cual está definida principalmente por el mecanismo de acción.

COMITÉ DE FARMACIA Y TERAPÉUTICA (P&T)

Los servicios de un Comité de Farmacia y Terapéutica (P&T) se utilizan para aprobar tratamientos con medicamentos seguros y clínicamente eficaces. El Comité de P&T es un organismo asesor de profesionales clínicos. Entre los miembros votantes del Comité de P&T, se encuentran médicos y farmacéuticos, los cuales tienen una amplia experiencia clínica y académica respecto de los medicamentos recetados. Los

miembros votantes del Comité de P&T deben divulgar cualquier relación financiera o conflicto de intereses con cualquier fabricante farmacéutico.

DESCRIPCIONES DE LOS PRODUCTOS DE LA LISTA DE MEDICAMENTOS

Para ayudar a entender cuáles son las fortalezas específicas y las formas de dosificación que se incluyen en el documento, los principios generales se describen a continuación.

- En la primera columna del cuadro se indica el nombre del medicamento. Los medicamentos de marca están en letra mayúscula (p. ej., LIPITOR). Los medicamentos genéricos se indican en letra minúscula en cursiva (p. ej., atorvastatin).
- En la segunda columna (categoría de medicamento etiquetado) se indica en qué categoría se ubica el medicamento en el formulario.
- La tercera columna (Requisitos/límites) contiene cualquier requisito especial para la cobertura de su medicamento.
- Si las versiones de productos de venta libre (OTC, *Over The Counter*) y las versiones de productos con receta médica están cubiertas, se indican ambas.
- Los productos de liberación prolongada y de liberación retardada requieren su propia entrada.
- Las formas de dosificación en el documento serán coherentes con la categoría y el uso en que se clasificaron.

SUSTITUCIÓN GENÉRICA

La sustitución genérica es una acción de farmacia en la que se administra una versión genérica en lugar de un producto de marca recetado. En este documento, la letra minúscula en cursiva indica la disponibilidad genérica. En la mayoría de los casos, un medicamento de marca registrada para el cual haya un producto genérico disponible no tendrá formulario y presentará el producto genérico cubierto en su lugar en el momento de lanzar el producto genérico al mercado. Sin embargo, el documento está sujeto a regulaciones y normas específicas del estado relacionadas con la sustitución genérica y se aplican normas genéricas obligatorias si corresponde.

Los medicamentos genéricos con receta médica cuentan con las siguientes características:

- Normalmente, tienen un precio menor que sus equivalentes de marca.
- Están aprobados por la Administración de Alimentos y Medicamentos de los EE. UU. en términos de seguridad y eficacia. Además, se fabrican bajo las mismas normas estrictas que se aplican a medicamentos de marca.
- Se probaron en humanos para garantizar que el genérico sea absorbido en el torrente sanguíneo en una tasa y extensión similares en comparación con el

medicamento de marca (bioequivalencia). Los genéricos pueden ser diferentes de los de la marca en cuanto a tamaño, color e ingredientes inactivos, pero esto no altera su eficacia o capacidad para ser absorbidos, tal como el medicamento de marca.

- Se fabrican con la misma concentración y dosificación que los medicamentos de marca.

Cuando un medicamento genérico es sustituido por un medicamento de marca, se puede esperar que el medicamento genérico tenga el mismo efecto clínico y perfil de seguridad que el medicamento de marca (equivalencia terapéutica).

DISEÑO DE PLANES

Los medicamentos que aparecen en el documento están cubiertos por el plan según lo que se representa. Algunos medicamentos de la lista están cubiertos si se cumplen los criterios de administración de utilización (es decir, terapia progresiva, autorización previa, límites de cantidad, etc.). Las solicitudes de uso de dichos medicamentos que estén fuera de los criterios enumerados se revisarán según la necesidad médica. Si un medicamento no aparece en el documento, es posible que se solicite una excepción de formulario para la cobertura. Las solicitudes de necesidad médica o de excepción de formulario se revisarán en función de los criterios de autorización previos específicos para el medicamento o los criterios estándar de solicitud de receta médica no convencional. Inicie sesión en www.molinahealthcare.com para revisar la cobertura.

PROCEDIMIENTO DE SOLICITUD DE AUTORIZACIÓN PREVIA

Las recetas de medicamentos que requieren aprobación previa o para medicamentos que no están incluidos en el Formulario de Medicamentos de Molina pueden ser aprobadas cuando son médicamente necesarias y cuando se haya demostrado que las alternativas del formulario son ineficaces. Cuando estas situaciones excepcionales ocurren, su proveedor puede enviar por fax un formulario completado de autorización previa de medicamentos a Molina al (844) 259-1689. Inicie sesión en el sitio web de www.molinahealthcare.com para obtener los formularios. Los ensayos de muestras farmacéuticas no se considerarán como justificativos para la aprobación de una solicitud de autorización previa.

CONSEJOS ÚTILES DE AUTORIZACIÓN PREVIA

Para garantizar la respuesta más rápida posible del Departamento de Farmacia de MHU, proporcione la información pertinente con la solicitud de autorización previa.

Observe los siguientes ejemplos:

Clase de medicamento o diagnóstico	Información clínica solicitada
Reducción de colesterol	Perfil lipídico, factores de riesgo cardiovasculares
Diabetes	Resultados de prueba de A1c
Medicamento no preferido/fuera del formulario	Los Registros de Medicamentos o Notas de Progreso en los cuales se documente que el medicamento del formulario se utilizó con anterioridad

SOLICITUD DE CAMBIOS EN EL FORMULARIO

Si usted es un recetador y desea solicitar un cambio en el formulario, envíe su solicitud y fundamento al Departamento de Farmacia de Molina con su información de contacto.

Fax: (844) 259-1689

CATEGORÍAS DE CONSIDERACIÓN

ANALGÉSICOS OPIOIDES

Todos los Analgésicos Opioides están sujetos a una dosis equivalente de morfina de 60 mg por día. Se excluye el uso concomitante de opioides con benzodiazepinas o relajantes musculares.

SERVICIOS EXCLUIDOS

Tenga en cuenta que algunos medicamentos están excluidos. Estos incluyen, entre otros:

- Medicamentos no aptos para fondos Federales de Medicaid
- Medicamentos contra la anorexia, pérdida de peso o aumento de peso
- Medicamentos para promover la fertilidad
- Medicamentos para fines cosméticos o el crecimiento del cabello
- Medicamentos sin receta (de venta libre u OTC), excepto aquellos medicamentos que aparecen en la lista de medicamentos preferidos
- Medicamentos para los que el fabricante requiere, como condición de venta, que las pruebas y los servicios de monitoreo asociados se compren exclusivamente al fabricante o a su representante
- Medicamentos para el tratamiento de la disfunción sexual o eréctil
- Medicamentos experimentales o en fase de investigación

- Productos farmacéuticos que la Administración de Alimentos y Medicamentos de los EE. UU. (FDA) determina que son menos eficaces y medicamentos idénticos, relacionados o similares (denominados, con frecuencia, medicamentos “DESI 5 y 6”)
- Producto farmacéutico no perteneciente al Programa de Devolución de Medicamentos de Medicaid

AVISO

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Este documento contiene referencias a medicamentos con receta que son marcas comerciales o marcas comerciales registradas de fabricantes farmacéuticos.

ACTUALIZACIONES DEL FORMULARIO

Revise los cambios de formulario que pertenecen al Beneficio de Farmacia, a menos que se denoten de otra manera. Si tiene preguntas, comuníquese con el soporte técnico de la farmacia del plan de salud de Molina.

LEYENDA

AGE	Límite de edad
MED	Dosis equivalente de morfina de 90 mg como máximo por día
OTC	Medicamento de venta libre, beneficio cubierto con una receta médica
PA	Autorización previa
PA, QL	Límite de cantidad que se aplica después de la aprobación de la Autorización Previa
QL	Límite de Cantidad
SP	Medicamento de especialidad; estos medicamentos se deben obtener a través de una farmacia de especialidad
ST	Terapia progresiva
<i>minúscula</i>	Indica disponibilidad genérica
MAYÚSCULA	Indica disponibilidad de la marca

FORMULARY UPDATES

Please review the formulary changes which pertain to the Pharmacy Benefit unless denoted otherwise. If you have questions, contact Molina Health Plan's Pharmacy Help Desk.

Key			
AL= Age Limit	ST= Step Therapy	OTC= Over the Counter	PA Prior Authorization
PA, QL= Quantity Limit is applied after Prior Authorization approval	QL= Quantity Limit	SP= Specialty Drugs; these drugs must be obtained through a specialty pharmacy	

Date Effective	Product Name	Change	Notes
4/1/2022	METHYLPHENIDATE HCL ER 18MG	Add generic to formulary with QL and age limit	QL = 1 per day, min age 6, max age 18
4/1/2022	METHYLPHENIDATE HCL ER 27MG	Add generic to formulary with QL and age limit	QL = 1 per day, min age 6, max age 18
4/1/2022	METHYLPHENIDATE HCL ER 36MG	Add generic to formulary with QL and age limit	QL = 2 per day, min age 6, max age 18
4/1/2022	METHYLPHENIDATE HCL ER 54MG	Add generic to formulary with QL and age limit	QL = 1 per day, min age 6, max age 18

Molina Healthcare Nevada Effective 04/01/2022

DRUG NAME REQUIREMENTS/LIMITS ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS

AMPHETAMINES

<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>amphetamine-dextroamphetamine tab 5 mg</i>	QL (90 ea / 30 days); AGE (Min age 3 years and Max age 18 years)
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	QL (150 ea / 30 days); AGE (Min age 3 years and Max age 18 years)
<i>amphetamine-dextroamphetamine tab 10 mg</i>	QL (90 ea / 30 days); AGE (Min age 3 years and Max age 18 years)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	QL (90 ea / 30 days); AGE (Min age 3 years and Max age 18 years)
<i>amphetamine-dextroamphetamine tab 15 mg</i>	QL (90 ea / 30 days); AGE (Min age 3 years and Max age 18 years)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	QL (90 ea / 30 days); AGE (Min age 3 years and Max age 18 years)
<i>amphetamine-dextroamphetamine tab 30 mg</i>	QL (60 ea / 30 days); AGE (Min age 3 years and Max age 18 years)

DRUG NAME	REQUIREMENTS/LIMITS
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i>	QL (120 ea / 30 days); AGE (Max age 18 years)
<i>dextroamphetamine sulfate cap er 24hr 10 mg</i>	QL (120 ea / 30 days); AGE (Max age 18 years)
<i>dextroamphetamine sulfate cap er 24hr 15 mg</i>	QL (60 ea / 30 days); AGE (Max age 18 years)
<i>dextroamphetamine sulfate tab 5 mg</i>	QL (180 ea / 30 days); AGE (Min age 3 years and Max age 18 years)
<i>dextroamphetamine sulfate tab 10 mg</i>	QL (180 ea / 30 days); AGE (Min age 3 years and Max age 18 years)
<i>zenzedi tab 5mg</i>	QL (180 ea / 30 days); AGE (Min age 3 years and Max age 18 years)
<i>zenzedi tab 10mg</i>	QL (180 ea / 30 days); AGE (Min age 3 years and Max age 18 years)

ANALEPTICS

<i>caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)</i>	QL (120 mL in lifetime); AGE (Max age 1 year)
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ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS

<i>atomoxetine hcl cap 10 mg (base equiv)</i>	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years)

DRUG NAME	REQUIREMENTS/LIMITS
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	QL (30 ea / 30 days)
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	QL (30 ea / 30 days)
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	QL (30 ea / 30 days)
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	QL (30 ea / 30 days)

STIMULANTS - MISC.

<i>armodafinil tab 50 mg</i>	PA, QL (30 ea / 30 days)
<i>armodafinil tab 150 mg</i>	PA, QL (30 ea / 30 days)
<i>armodafinil tab 200 mg</i>	PA, QL (30 ea / 30 days)
<i>armodafinil tab 250 mg</i>	PA, QL (30 ea / 30 days)
<i>dexmethylphenidate hcl tab 2.5 mg</i>	QL (60 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>dexmethylphenidate hcl tab 5 mg</i>	QL (60 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>dexmethylphenidate hcl tab 10 mg</i>	QL (60 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>methylphenidate hcl cap er 10 mg (cd)</i>	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years); Generic Metadate CD
<i>methylphenidate hcl cap er 20 mg (cd)</i>	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years); Generic Metadate CD
<i>methylphenidate hcl cap er 30 mg (cd)</i>	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years); Generic Metadate CD
<i>methylphenidate hcl cap er 40 mg (cd)</i>	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years); Generic Metadate CD
<i>methylphenidate hcl cap er 50 mg (cd)</i>	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years); Generic Metadate CD
<i>methylphenidate hcl cap er 60 mg (cd)</i>	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years); Generic Metadate CD

DRUG NAME	REQUIREMENTS/LIMITS
<i>methylphenidate hcl soln 5 mg/5ml</i>	QL (450 mL / 30 days); AGE (Min age 6 years and Max age 18 years); Generic Metadate CD
<i>methylphenidate hcl soln 10 mg/5ml</i>	QL (900 mL / 30 days); AGE (Min age 6 years and Max age 18 years); Generic Metadate CD
<i>methylphenidate hcl tab 5 mg</i>	QL (90 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>methylphenidate hcl tab 10 mg</i>	QL (90 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>methylphenidate hcl tab 20 mg</i>	QL (90 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>methylphenidate hcl tab er 10 mg</i>	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years); Generic Metadate CD
<i>methylphenidate hcl tab er 20 mg</i>	QL (90 ea / 30 days); AGE (Min age 6 years and Max age 18 years); Generic Metadate CD
<i>methylphenidate hcl tab er 24hr 18 mg</i>	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years); Generic Metadate CD
<i>methylphenidate hcl tab er 24hr 27 mg</i>	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years); Generic Metadate CD
<i>methylphenidate hcl tab er 24hr 36 mg</i>	QL (60 ea / 30 days); AGE (Min age 6 years and Max age 18 years); Generic Metadate CD
<i>methylphenidate hcl tab er 24hr 54 mg</i>	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years); Generic Metadate CD
<i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i>	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years)

DRUG NAME	REQUIREMENTS/LIMITS
<i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i>	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i>	QL (60 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i>	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>modafinil tab 100 mg</i>	PA, QL (30 ea / 30 days)
<i>modafinil tab 200 mg</i>	PA, QL (60 ea / 30 days)

ALTERNATIVE MEDICINES - COMPLEMENTARY AND ALTERNATIVE MEDICINES

ALTERNATIVE MEDICINE - M'S

<i>melatonin tab 3 mg</i>	QL (30 ea / 30 days), OTC
<i>melatonin tab 5mg</i>	QL (30 ea / 30 days), OTC
<i>sm melatonin tab 3mg</i>	QL (30 ea / 30 days), OTC

AMINOGLYCOSIDES - DRUGS TO TREAT INFECTIONS

AMINOGLYCOSIDES - DRUGS TO TREAT INFECTIONS

<i>neomycin sulfate tab 500 mg</i>	
<i>paromomycin sulfate cap 250 mg</i>	

ANALGESICS - ANTI-INFLAMMATORY - DRUGS TO TREAT PAIN AND INFLAMMATION CONDITIONS

ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES

HUMIRA INJ 10/0.1ML	SP, PA, QL (2 ea / 28 days)
HUMIRA INJ 20/0.2ML	SP, PA, QL (2 ea / 28 days)
HUMIRA INJ 40/0.4ML	SP, PA, QL (2 ea / 28 days)
HUMIRA KIT 40MG/0.8	SP, PA, QL (2 ea / 24 days)
HUMIRA PEDIA INJ CROHNS	SP, PA, QL (2 ea / 28 days)
HUMIRA PEN INJ 40/0.4ML	SP, PA, QL (2 ea / 28 days)
HUMIRA PEN INJ 40MG/0.8	SP, PA, QL (2 ea / 24 days)
HUMIRA PEN INJ 80/0.8ML	SP, PA, QL (3 ea / 180 days)
HUMIRA PEN INJ CD/UC/HS	SP, PA, QL (2 ea / 24 days)
HUMIRA PEN INJ PS/UV	SP, PA, QL (2 ea / 24 days)
HUMIRA PEN KIT CD/UC/HS	SP, PA, QL (3 ea / 180 days)
HUMIRA PEN KIT PED UC	SP, PA, QL (3 ea / 180 days)
HUMIRA PEN KIT PS/UV	SP, PA, QL (3 ea / 180 days)

ANTIRHEUMATIC - ENZYME INHIBITORS

XELJANZ SOL 1MG/ML	SP, PA
XELJANZ TAB 5MG	SP, PA
XELJANZ TAB 10MG	SP, PA
XELJANZ XR TAB 11MG	SP, PA

DRUG NAME	REQUIREMENTS/LIMITS
XELJANZ XR TAB 22MG	SP, PA
INTERLEUKIN-6 RECEPTOR INHIBITORS	
KEVZARA INJ 150/1.14	SP, PA
KEVZARA INJ 200/1.14	SP, PA
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)	
<i>all day pain tab 220mg</i>	QL (90 ea / 30 days), OTC
<i>all day relf tab 220mg</i>	QL (90 ea / 30 days), OTC
<i>celecoxib cap 50 mg</i>	PA
<i>celecoxib cap 100 mg</i>	PA, QL (120 ea / 30 days)
<i>celecoxib cap 200 mg</i>	PA, QL (60 ea / 30 days)
<i>celecoxib cap 400 mg</i>	PA, QL (120 ea / 30 days)
<i>diclofenac potassium tab 50 mg</i>	QL (120 ea / 30 days)
<i>diclofenac sodium tab delayed release 25 mg</i>	QL (90 ea / 30 days)
<i>diclofenac sodium tab delayed release 50 mg</i>	QL (90 ea / 30 days)
<i>diclofenac sodium tab delayed release 75 mg</i>	QL (60 ea / 30 days)
<i>diclofenac sodium tab er 24hr 100 mg</i>	QL (60 ea / 30 days)
<i>ec-naproxen tab 375mg</i>	QL (90 ea / 30 days)
<i>ec-naproxen tab 500mg</i>	QL (90 ea / 30 days)
<i>etodolac tab 400 mg</i>	QL (90 ea / 30 days)
<i>etodolac tab 500 mg</i>	QL (90 ea / 30 days)
<i>flurbiprofen tab 50 mg</i>	QL (120 ea / 30 days)
<i>flurbiprofen tab 100 mg</i>	QL (120 ea / 30 days)
<i>gnp naproxen cap 220mg</i>	OTC
<i>hm ibuprofen tab 200mg</i>	QL (120 ea / 30 days), OTC
<i>ibu tab 400mg</i>	QL (120 ea / 30 days)
<i>ibu tab 600mg</i>	QL (120 ea / 30 days)
<i>ibu tab 800mg</i>	QL (120 ea / 30 days)
<i>ibu-200 tab 200mg</i>	QL (120 ea / 30 days), OTC
<i>ibuprofen cap 200 mg</i>	QL (120 ea / 30 days), OTC
<i>ibuprofen ch sus 100/5ml</i>	QL (4800 mL / 30 days), OTC
<i>ibuprofen chw 100mg</i>	QL (180 ea / 30 days), OTC
<i>ibuprofen dro 50/1.25</i>	QL (4800 mL / 30 days), OTC
<i>ibuprofen ib chw 100mg</i>	QL (180 ea / 30 days), OTC
<i>ibuprofen jr chw 100mg</i>	QL (180 ea / 30 days), OTC
<i>ibuprofen sus 100/5ml</i>	QL (4800 mL / 30 days), OTC
<i>ibuprofen sus 200/10ml</i>	QL (4800 mL / 30 days), OTC
<i>ibuprofen susp 100 mg/5ml</i>	QL (4800 mL / 30 days)
<i>ibuprofen tab 200 mg</i>	QL (120 ea / 30 days), OTC
<i>ibuprofen tab 400 mg</i>	QL (120 ea / 30 days)
<i>ibuprofen tab 600 mg</i>	QL (120 ea / 30 days)
<i>ibuprofen tab 800 mg</i>	QL (120 ea / 30 days)

DRUG NAME	REQUIREMENTS/LIMITS
<i>indomethacin cap 25 mg</i>	QL (120 ea / 30 days); AGE (Max age 64 years)
<i>indomethacin cap 50 mg</i>	QL (120 ea / 30 days); AGE (Max age 64 years)
<i>ketoprofen cap 75 mg</i>	QL (120 ea / 30 days)
<i>ketorolac tromethamine tab 10 mg</i>	QL (120 ea / 30 days); AGE (Max age 64 years)
<i>meloxicam tab 7.5 mg</i>	QL (30 ea / 30 days)
<i>meloxicam tab 15 mg</i>	QL (30 ea / 30 days)
<i>nabumetone tab 500 mg</i>	QL (120 ea / 30 days)
<i>nabumetone tab 750 mg</i>	QL (120 ea / 30 days)
<i>naproxen sod tab 220mg</i>	QL (90 ea / 30 days), OTC
<i>naproxen sodium cap 220 mg</i>	OTC
<i>naproxen susp 125 mg/5ml</i>	QL (3000 mL / 30 days)
<i>naproxen tab 220mg</i>	QL (90 ea / 30 days), OTC
<i>naproxen tab 250 mg</i>	QL (90 ea / 30 days)
<i>naproxen tab 375 mg</i>	QL (90 ea / 30 days)
<i>naproxen tab 500 mg</i>	QL (90 ea / 30 days)
<i>naproxen tab ec 375 mg</i>	QL (90 ea / 30 days)
<i>naproxen tab ec 500 mg</i>	QL (90 ea / 30 days)
<i>oxaprozin tab 600 mg</i>	PA, QL (90 ea / 30 days)
<i>piroxicam cap 10 mg</i>	PA, QL (120 ea / 30 days)
<i>piroxicam cap 20 mg</i>	PA, QL (60 ea / 30 days)
<i>qc ibuprofen cap 200mg</i>	QL (120 ea / 30 days), OTC
<i>qc ibuprofen tab 200mg</i>	QL (120 ea / 30 days), OTC
<i>sm ibuprofen cap 200mg</i>	QL (120 ea / 30 days), OTC
<i>sm ibuprofen chw 100mg</i>	QL (180 ea / 30 days), OTC
<i>sm ibuprofen tab 100mg jr</i>	QL (120 ea / 30 days), OTC
<i>sm ibuprofen tab 200mg</i>	QL (120 ea / 30 days), OTC
<i>sulindac tab 150 mg</i>	QL (90 ea / 30 days)
<i>sulindac tab 200 mg</i>	QL (90 ea / 30 days)

PHOSPHODIESTERASE 4 (PDE4) INHIBITORS

OTEZLA TAB 10/20/30	SP, PA
OTEZLA TAB 30MG	SP, PA

PYRIMIDINE SYNTHESIS INHIBITORS

<i>leflunomide tab 10 mg</i>	QL (30 ea / 30 days)
<i>leflunomide tab 20 mg</i>	QL (30 ea / 30 days)

SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS

ENBREL INJ 25/0.5ML	SP, PA, QL (4 mL / 24 days)
ENBREL INJ 25MG	SP, PA, QL (4 ea / 24 days)
ENBREL INJ 25MG	SP, PA, QL (4 mL / 24 days)
ENBREL INJ 50MG/ML	SP, PA, QL (4 mL / 24 days)

DRUG NAME	REQUIREMENTS/LIMITS
ENBREL MINI INJ 50MG/ML	SP, PA, QL (4 mL / 24 days)
ENBREL SRCLK INJ 50MG/ML	SP, PA, QL (4 mL / 24 days)

ANALGESICS - NONNARCOTIC ANALGESIC COMBINATIONS

<i>bac tab</i>	QL (180 ea / 30 days); AGE (Max age 64 years)
<i>butalbital-acetaminophen tab 50-325 mg</i>	QL (300 ea / 30 days); AGE (Max age 64 years)
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i>	QL (180 ea / 30 days); AGE (Max age 64 years)

ANALGESICS OTHER

<i>acetaminophe liq 160/5ml</i>	OTC
<i>acetaminophen chew tab 160 mg</i>	QL (180 ea / 30 days), OTC
<i>acetaminophen liquid 160 mg/5ml</i>	OTC
<i>acetaminophen soln 160 mg/5ml</i>	OTC
<i>acetaminophen suppos 120 mg</i>	QL (1020 ea / 30 days), OTC
<i>acetaminophen suppos 650 mg</i>	QL (180 ea / 30 days), OTC
<i>acetaminophen susp 160 mg/5ml</i>	OTC
<i>acetaminophen tab 325 mg</i>	QL (360 ea / 30 days), OTC
<i>acetaminophen tab 500 mg</i>	QL (240 ea / 30 days), OTC
<i>acetaminophen tab er 650 mg</i>	QL (180 ea / 30 days), OTC
<i>acetaminophn tab 500mg</i>	QL (240 ea / 30 days), OTC
<i>arthrts pain tab 650mg</i>	QL (180 ea / 30 days), OTC
<i>chld silapap liq 160/5ml</i>	OTC
<i>ed-apap liq 80mg/2.5</i>	OTC
FEVERALL INF SUP 80MG	QL (1500 ea / 30 days), OTC
<i>feverall sup 120mg</i>	QL (1020 ea / 30 days), OTC
<i>feverall sup 650mg</i>	QL (180 ea / 30 days), OTC
<i>gnp acetamin tab 325mg</i>	QL (360 ea / 30 days), OTC
<i>hm pain rlf tab 650mg</i>	QL (180 ea / 30 days), OTC
<i>8 hour pain tab 650mg</i>	QL (180 ea / 30 days), OTC
<i>8 hr arthrts tab 650mg</i>	QL (180 ea / 30 days), OTC
<i>8hr pain rel tab 650mg</i>	QL (180 ea / 30 days), OTC
<i>m-pap liq 160/5ml</i>	OTC
<i>mapap apap liq 500/15ml</i>	OTC
<i>mapap child chw 80mg</i>	QL (180 ea / 30 days), OTC
<i>mapap chw 160mg</i>	QL (180 ea / 30 days), OTC
<i>non-aspirin chw 160mg</i>	QL (180 ea / 30 days), OTC
<i>non-aspirin sus 160/5ml</i>	OTC
<i>non-aspirin tab 325mg</i>	QL (360 ea / 30 days), OTC
<i>non-aspirin tab 500mg</i>	QL (240 ea / 30 days), OTC
<i>non-aspirin tab 500mg/rr</i>	QL (240 ea / 30 days), OTC

DRUG NAME	REQUIREMENTS/LIMITS
<i>non-aspirin tab 650mg</i>	QL (180 ea / 30 days), OTC
<i>pain & fever sus 160/5ml</i>	OTC
<i>pain relief chw 160mg</i>	QL (180 ea / 30 days), OTC
<i>pain relief sus 160/5ml</i>	OTC
<i>pain relief tab 325mg</i>	QL (360 ea / 30 days), OTC
<i>pain relief tab 500mg</i>	QL (240 ea / 30 days), OTC
<i>pain relief tab 500mg/rr</i>	QL (240 ea / 30 days), OTC
<i>pain relieve sus 160/5ml</i>	OTC
<i>pain relieve tab 325mg</i>	QL (360 ea / 30 days), OTC
<i>pain relieve tab 500mg</i>	QL (240 ea / 30 days), OTC
<i>pain/fever sus 160/5ml</i>	OTC
<i>qc apap 8 hr tab 650mg</i>	QL (180 ea / 30 days), OTC
<i>sm pain rel tab 500mg</i>	QL (240 ea / 30 days), OTC
<i>sm pain rlvr tab 650mg</i>	QL (180 ea / 30 days), OTC
<i>sm rpd melt tab 160mg</i>	QL (750 ea / 30 days), OTC

SALICYLATES

<i>aspirin chew tab 81 mg</i>	QL (30 ea / 30 days), OTC
<i>aspirin low chw 81mg</i>	QL (30 ea / 30 days), OTC
<i>aspirin low tab 81mg ec</i>	QL (30 ea / 30 days), OTC
ASPIRIN SUP 300MG	OTC
<i>aspirin tab 81mg ec</i>	QL (30 ea / 30 days), OTC
<i>aspirin tab 325 mg</i>	QL (360 ea / 30 days), OTC
<i>aspirin tab delayed release 325 mg</i>	QL (360 ea / 30 days), OTC
<i>enteric asa tab 325mg ec</i>	QL (360 ea / 30 days), OTC
<i>gnp aspirin chw 81mg</i>	QL (30 ea / 30 days), OTC
<i>gnp aspirin tab 81mg ec</i>	QL (30 ea / 30 days), OTC
<i>gnp aspirin tab 325mg</i>	QL (360 ea / 30 days), OTC
<i>gnp aspirin tab 325mg ec</i>	QL (360 ea / 30 days), OTC
<i>goodsense tab 81mg ec</i>	QL (30 ea / 30 days), OTC
<i>hm aspirin chw 81mg</i>	QL (30 ea / 30 days), OTC
<i>hm aspirin tab 325mg</i>	QL (360 ea / 30 days), OTC
<i>hm aspirin tab 325mg ec</i>	QL (360 ea / 30 days), OTC
<i>qc aspirin tab 325mg</i>	QL (360 ea / 30 days), OTC
<i>qc aspirin tab 325mg ec</i>	QL (360 ea / 30 days), OTC
<i>qc child asa chw 81mg</i>	QL (30 ea / 30 days), OTC
<i>salsalate tab 500 mg</i>	QL (120 ea / 30 days)
<i>salsalate tab 750 mg</i>	QL (120 ea / 30 days)
<i>sm aspirin chw 81mg</i>	QL (30 ea / 30 days), OTC
<i>sm aspirin tab 81mg ec</i>	QL (30 ea / 30 days), OTC
<i>sm aspirin tab 325mg</i>	QL (360 ea / 30 days), OTC
<i>sm aspirin tab 325mg ec</i>	QL (360 ea / 30 days), OTC
<i>sm child asa chw 81mg</i>	QL (30 ea / 30 days), OTC

DRUG NAME	REQUIREMENTS/LIMITS
<i>tri-buff asa tab 325mg</i>	OTC
ANALGESICS - OPIOID - DRUGS TO TREAT PAIN	
OPIOID AGONISTS	
CODEINE SULF TAB 60MG	QL (240 ea / 30 days); MED; Max 7 day supply for initial fill or PA required
<i>codeine sulfate tab 30 mg</i>	QL (360 ea / 30 days); MED; Max 7 day supply for initial fill or PA required
<i>fentanyl td patch 72hr 12 mcg/hr</i>	PA, QL (10 ea / 30 days); MED
<i>fentanyl td patch 72hr 25 mcg/hr</i>	PA, QL (10 ea / 30 days); MED
<i>fentanyl td patch 72hr 50 mcg/hr</i>	PA, QL (10 ea / 30 days); MED
<i>fentanyl td patch 72hr 75 mcg/hr</i>	PA, QL (10 ea / 30 days); MED
<i>fentanyl td patch 72hr 100 mcg/hr</i>	PA, QL (10 ea / 30 days); MED
<i>hydromorphone hcl tab 2 mg</i>	QL (360 ea / 30 days); MED; Max 7 day supply for initial fill or PA required
<i>hydromorphone hcl tab 4 mg</i>	QL (360 ea / 30 days); MED; Max 7 day supply for initial fill or PA required
<i>methadone hcl tab 5 mg</i>	MED; Max 7 day supply for initial fill or PA required
<i>methadone hcl tab 10 mg</i>	MED; Max 7 day supply for initial fill or PA required
<i>morphine sulfate oral soln 10 mg/5ml</i>	MED; Max 7 day supply for initial fill or PA required
<i>morphine sulfate oral soln 20 mg/5ml</i>	MED; Max 7 day supply for initial fill or PA required
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	MED; Max 7 day supply for initial fill or PA required
<i>morphine sulfate tab 15 mg</i>	QL (90 ea / 30 days); MED; Max 7 day supply for initial fill or PA required
<i>morphine sulfate tab 30 mg</i>	QL (90 ea / 30 days); MED; Max 7 day supply for initial fill or PA required

DRUG NAME	REQUIREMENTS/LIMITS
<i>morphine sulfate tab er 15 mg</i>	ST, QL (90 ea / 30 days); Requires prior use of IR opioids; MED
<i>morphine sulfate tab er 30 mg</i>	ST, QL (90 ea / 30 days); Requires prior use of IR opioids; MED
<i>morphine sulfate tab er 60 mg</i>	ST, QL (90 ea / 30 days); Requires prior use of IR opioids; MED
<i>morphine sulfate tab er 100 mg</i>	ST, QL (90 ea / 30 days); Requires prior use of IR opioids; MED
OXAYDO TAB 5MG	PA; QL (max quantity 90 per fill); MED; Max 7 day supply for initial fill or PA required
<i>oxycodone hcl soln 5 mg/5ml</i>	QL (Max quantity 240 per fill); MED; Max 7 day supply for initial fill or PA required
<i>oxycodone hcl tab 5 mg</i>	PA; QL (max quantity 90 per fill); MED; Max 7 day supply for initial fill or PA required
<i>oxycodone hcl tab 10 mg</i>	PA; QL (max quantity 90 per fill); MED; Max 7 day supply for initial fill or PA required
<i>oxycodone hcl tab 15 mg</i>	PA; QL (max quantity 90 per fill); MED; Max 7 day supply for initial fill or PA required
<i>oxycodone hcl tab 20 mg</i>	PA; QL (max quantity 120 per fill); MED; Max 7 day supply for initial fill or PA required
<i>oxycodone hcl tab 30 mg</i>	PA; QL (max quantity 120 per fill); MED; Max 7 day supply for initial fill or PA required
<i>tramadol hcl tab 50 mg</i>	QL (240 ea / 30 days); MED; Max 7 day supply for initial fill or PA required; AGE (Min age 12 years)

OPIOID COMBINATIONS

<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	QL (3750 mL / 25 days); MED; Max 7 day supply for initial fill or PA required; AGE (Min age 12 years)
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DRUG NAME	REQUIREMENTS/LIMITS
<i>acetaminophen w/ codeine tab 300-15 mg</i>	QL (180 ea / 30 days); MED; Max 7 day supply for initial fill or PA required; AGE (min age 12)
<i>acetaminophen w/ codeine tab 300-30 mg</i>	QL (180 ea / 30 days); MED; Max 7 day supply for initial fill or PA required; AGE (min age 12)
<i>acetaminophen w/ codeine tab 300-60 mg</i>	QL (180 ea / 30 days); MED; Max 7 day supply for initial fill or PA required; AGE (min age 12)
<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i>	QL (240 ea / 30 days); MED; Max 7 day supply for initial fill or PA required
<i>endocet tab 5-325mg</i>	QL (240 ea / 30 days); MED; Max 7 day supply for initial fill or PA required
<i>endocet tab 7.5-325</i>	QL (180 ea / 30 days); MED; Max 7 day supply for initial fill or PA required
<i>endocet tab 10-325mg</i>	QL (180 ea / 30 days); MED; Max 7 day supply for initial fill or PA required
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	QL (3750 mL / 25 days); HYCET, MED; Max 7 day supply for initial fill or PA required
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	QL (180 ea / 30 days); NORCO, MED; Max 7 day supply for initial fill or PA required
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	QL (180 ea / 30 days); NORCO, MED; Max 7 day supply for initial fill or PA required
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	QL (180 ea / 30 days); NORCO, MED; Max 7 day supply for initial fill or PA required
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	QL (240 ea / 30 days); MED; Max 7 day supply for initial fill or PA required

DRUG NAME	REQUIREMENTS/LIMITS
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	QL (180 ea / 30 days); MED; Max 7 day supply for initial fill or PA required
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	QL (180 ea / 30 days); MED; Max 7 day supply for initial fill or PA required

OPIOID PARTIAL AGONISTS

<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	QL (360 ea / 30 days)
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	QL (90 ea / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	PA, QL (360 ea / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	PA, QL (180 ea / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	PA, QL (90 ea / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	PA, QL (60 ea / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	QL (360 ea / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	QL (90 ea / 30 days)

ANDROGENS-ANABOLIC - DRUGS TO REGULATE MALE HORMONES

ANDROGENS

<i>testosterone cypionate im inj in oil 100 mg/ml</i>	
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	

ANORECTAL AND RELATED PRODUCTS - RECTAL PREPARATIONS

INTRARECTAL STEROIDS

<i>hydrocortisone enema 100 mg/60ml</i>	QL (1680 mL / 25 days)
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RECTAL COMBINATIONS

<i>hemorrhoidal cre</i>	OTC
<i>hemorrhoidal cre max st</i>	OTC
<i>qc hemorroï cre aloe</i>	OTC

RECTAL LOCAL ANESTHETICS

<i>dibucaine perianal ointment 1%</i>	OTC
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RECTAL STEROIDS

<i>hydrocortisone acetate suppos 25 mg</i>	QL (210 ea / 30 days)
<i>hydrocortisone perianal cream 2.5%</i>	
<i>procto-med cre hc 2.5%</i>	
<i>proctosol hc cre 2.5%</i>	
<i>proctozone cre -hc 2.5%</i>	

DRUG NAME	REQUIREMENTS/LIMITS
ANTACIDS - DRUGS FOR ULCERS AND STOMACH ACID	
ANTACID COMBINATIONS	
<i>acid gone chw</i>	OTC
<i>acid gone sus</i>	OTC
<i>advanced sus antacid</i>	OTC
<i>almacone dbl sus strength</i>	OTC
<i>alum & mag hydroxide-simethicone susp 200-200-200 mg/5ml</i>	OTC
<i>alum & mag hydroxide-simethicone susp 400-400-400 mg/5ml</i>	OTC
<i>alumina/mag sus simethic</i>	OTC
<i>antacid chw</i>	OTC
<i>antacid max sus cherry</i>	OTC
<i>antacid plus sus gas rel</i>	OTC
<i>antacid sus</i>	OTC
<i>antacid sus anti-gas</i>	OTC
<i>antacid sus antigas</i>	OTC
<i>antacid sus max st</i>	OTC
<i>antacid sus mint</i>	OTC
<i>antacid sus reg st</i>	OTC
<i>gnp antacid chw 160-105</i>	OTC
<i>gnp antacid sus cherry</i>	OTC
<i>gnp antacid sus coolmint</i>	OTC
<i>gnp antacid sus original</i>	OTC
<i>gnp antacid sus reg st</i>	OTC
<i>heartbrn ant chw 160-105</i>	OTC
<i>hm antacid sus</i>	OTC
<i>hm antacid sus anti-gas</i>	OTC
<i>mag-al plus liq</i>	OTC
<i>mag-al plus liq xs</i>	OTC
<i>mintox plus chw</i>	OTC
<i>mintox sus max st</i>	OTC
<i>qc antacid sus</i>	OTC
<i>qc antacid sus anti-gas</i>	OTC
<i>sm antacid sus</i>	OTC
<i>sm antacid sus advanced</i>	OTC
<i>sm antacid sus anti-gas</i>	OTC
<i>sm antacid sus max st</i>	OTC
<i>sm antacid/ sus antigas</i>	OTC
ANTACIDS - BICARBONATE	
<i>sodium bicarbonate tab 325 mg</i>	OTC
<i>sodium bicarbonate tab 650 mg</i>	OTC

DRUG NAME	REQUIREMENTS/LIMITS
ANTACIDS - CALCIUM SALTS	
<i>antacid chw 500mg</i>	OTC
<i>antacid chw 750mg</i>	OTC
<i>antacid chw 1000mg</i>	OTC
<i>cal-gest chw 500mg</i>	OTC
<i>calc antacid chw 500mg</i>	OTC
<i>calc antacid chw 750mg</i>	OTC
CALCIUM CARB TAB 648MG	OTC
<i>calcium carbonate (antacid) susp 1250 mg/5ml</i>	OTC
<i>gnp antacid chw 750mg</i>	OTC
<i>gnp antacid chw 1000mg</i>	OTC
<i>hm antacid chw 500mg</i>	OTC
<i>hm antacid chw 750mg</i>	OTC
<i>qc antacid chw 500mg</i>	OTC
<i>qc antacid chw 1000mg</i>	OTC
<i>sm antacid chw 500mg</i>	OTC
ANTHELMINTICS - DRUGS TO TREAT INFECTIONS OF PARASITES	
ANTHELMINTICS - DRUGS TO TREAT INFECTIONS OF PARASITES	
<i>albendazole tab 200 mg</i>	PA
<i>ivermectin tab 3 mg</i>	QL (16 ea / 2 days, max 1 fill per month)
ANTI-INFECTIVE AGENTS - MISC. - DRUGS TO TREAT INFECTIONS	
ANTI-INFECTIVE AGENTS - MISC. - DRUGS TO TREAT INFECTIONS	
<i>metronidazole tab 250 mg</i>	QL (240 ea / 30 days)
<i>metronidazole tab 500 mg</i>	QL (120 ea / 30 days)
ANTI-INFECTIVE MISC. - COMBINATIONS	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	QL (1200 mL / 30 days)
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	QL (120 ea / 30 days)
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	QL (120 ea / 30 days)
<i>sulfatrim pd sus 200-40/5</i>	QL (1200 mL / 30 days)
ANTIPROTOZOAL AGENTS	
<i>atovaquone susp 750 mg/5ml</i>	PA
GLYCOPEPTIDES	
FIRVANQ SOL 25MG/ML	QL (1200 mL / 30 days)
FIRVANQ SOL 50MG/ML	QL (1200 mL / 30 days)
LEPROSTATICS	
<i>dapsone tab 25 mg</i>	QL (120 ea / 30 days)
<i>dapsone tab 100 mg</i>	QL (90 ea / 30 days)
LINCOSAMIDES	
<i>clindamycin hcl cap 150 mg</i>	QL (240 ea / 30 days)
<i>clindamycin hcl cap 300 mg</i>	QL (180 ea / 30 days)

DRUG NAME	REQUIREMENTS/LIMITS
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<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	AGE (Max age 18 years)
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OXAZOLIDINONES

<i>linezolid for susp 100 mg/5ml</i>	PA
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<i>linezolid tab 600 mg</i>	PA
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URINARY ANTI-INFECTIVES - DRUGS TO TREAT URINARY TRACT INFECTIONS

<i>nitrofurantoin macrocrystalline cap 50 mg</i>	QL (60 ea / 30 days); AGE (Max age 64 years)
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<i>nitrofurantoin macrocrystalline cap 100 mg</i>	QL (120 ea / 30 days); AGE (Max age 64 years)
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<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	QL (60 ea / 30 days); AGE (Max age 64 years)
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<i>nitrofurantoin susp 25 mg/5ml</i>	QL (1200 mL / 30 days); AGE (Max age 12 years)
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ANTIANGINAL AGENTS - DRUGS TO TREAT HEART CONDITIONS

ANTIANGINALS-OTHER

<i>ranolazine tab er 12hr 500 mg</i>	ST, QL (60 ea / 30 days); Requires trial of beta blocker, calcium channel blockers, and long-acting nitrate
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<i>ranolazine tab er 12hr 1000 mg</i>	ST, QL (60 ea / 30 days); Requires trial of beta blocker, calcium channel blockers, and long-acting nitrate
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NITRATES

<i>isosorbide dinitrate tab 5 mg</i>	QL (120 ea / 30 days)
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<i>isosorbide dinitrate tab 10 mg</i>	QL (120 ea / 30 days)
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<i>isosorbide dinitrate tab 20 mg</i>	QL (180 ea / 30 days)
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<i>isosorbide dinitrate tab 30 mg</i>	QL (120 ea / 30 days)
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<i>isosorbide mononitrate tab 10 mg</i>	QL (90 ea / 30 days)
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<i>isosorbide mononitrate tab 20 mg</i>	QL (60 ea / 30 days)
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<i>isosorbide mononitrate tab er 24hr 30 mg</i>	QL (60 ea / 30 days)
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<i>isosorbide mononitrate tab er 24hr 60 mg</i>	QL (60 ea / 30 days)
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<i>isosorbide mononitrate tab er 24hr 120 mg</i>	QL (60 ea / 30 days)
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<i>nitroglycerin sl tab 0.3 mg</i>	QL (300 ea / 30 days)
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<i>nitroglycerin sl tab 0.4 mg</i>	QL (300 ea / 30 days)
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<i>nitroglycerin sl tab 0.6 mg</i>	QL (300 ea / 30 days)
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<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	QL (30 ea / 30 days)
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<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	QL (30 ea / 30 days)
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<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	QL (30 ea / 30 days)
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<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	QL (30 ea / 30 days)
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DRUG NAME	REQUIREMENTS/LIMITS
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ANTI-ANXIETY AGENTS - DRUGS TO TREAT ANXIETY

ANTI-ANXIETY AGENTS - MISC.

<i>buspirone hcl tab 5 mg</i>	QL (240 ea / 30 days); AGE (Min age 6 years)
<i>buspirone hcl tab 10 mg</i>	QL (180 ea / 30 days); AGE (Min age 6 years)
<i>buspirone hcl tab 15 mg</i>	QL (120 ea / 30 days); AGE (Min age 6 years)
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	QL (1800 mL / 30 days); AGE (Max age 64 years)
<i>hydroxyzine hcl tab 10 mg</i>	QL (240 ea / 30 days); AGE (Max age 64 years)
<i>hydroxyzine hcl tab 25 mg</i>	QL (240 ea / 30 days); AGE (Max age 64 years)
<i>hydroxyzine hcl tab 50 mg</i>	QL (240 ea / 30 days); AGE (Max age 64 years)
<i>hydroxyzine pamoate cap 25 mg</i>	QL (240 ea / 30 days); AGE (Max age 64 years)
<i>hydroxyzine pamoate cap 50 mg</i>	QL (240 ea / 30 days); AGE (Max age 64 years)
<i>hydroxyzine pamoate cap 100 mg</i>	QL (120 ea / 30 days); AGE (Max age 64 years)

BENZODIAZEPINES

<i>alprazolam tab 0.5 mg</i>	QL (90 ea / 30 days); AGE (Min age 18 years)
<i>alprazolam tab 0.25 mg</i>	QL (90 ea / 30 days); AGE (Min age 18 years)
<i>alprazolam tab 1 mg</i>	QL (90 ea / 30 days); AGE (Min age 18 years)
<i>alprazolam tab 2 mg</i>	QL (90 ea / 30 days); AGE (Min age 18 years)
<i>chlordiazepoxide hcl cap 5 mg</i>	QL (90 ea / 30 days); AGE (Min age 6 years and Max age 64 years)
<i>chlordiazepoxide hcl cap 10 mg</i>	QL (90 ea / 30 days); AGE (Min age 6 years and Max age 64 years)
<i>chlordiazepoxide hcl cap 25 mg</i>	QL (90 ea / 30 days); AGE (Min age 6 years and Max age 64 years)
<i>clorazepate dipotassium tab 3.75 mg</i>	QL (90 ea / 30 days); AGE (Min age 6 years and Max age 64 years)

DRUG NAME	REQUIREMENTS/LIMITS
<i>clorazepate dipotassium tab 7.5 mg</i>	QL (120 ea / 30 days); AGE (Min age 6 years and Max age 64 years)
<i>clorazepate dipotassium tab 15 mg</i>	QL (90 ea / 30 days); AGE (Min age 6 years and Max age 64 years)
<i>diazepam conc 5 mg/ml</i>	PA, QL (90 mL / 30 days); AGE (Max age 64 years)
<i>diazepam oral soln 1 mg/ml</i>	QL (120 mL / 30 days); AGE (Max age 64 years)
<i>diazepam tab 2 mg</i>	QL (90 ea / 30 days); AGE (Max age 64 years)
<i>diazepam tab 5 mg</i>	QL (90 ea / 30 days); AGE (Max age 64 years)
<i>diazepam tab 10 mg</i>	QL (90 ea / 30 days); AGE (Max age 64 years)
<i>lorazepam conc 2 mg/ml</i>	QL (90 mL / 30 days); AGE (Min age 12 years)
<i>lorazepam tab 0.5 mg</i>	QL (90 ea / 30 days); AGE (Min age 12 years)
<i>lorazepam tab 1 mg</i>	QL (90 ea / 30 days); AGE (Min age 12 years)
<i>lorazepam tab 2 mg</i>	QL (90 ea / 30 days); AGE (Min age 12 years)
<i>oxazepam cap 10 mg</i>	QL (90 ea / 30 days); AGE (Min age 6 years)
<i>oxazepam cap 15 mg</i>	QL (90 ea / 30 days); AGE (Min age 6 years)
<i>oxazepam cap 30 mg</i>	QL (120 ea / 30 days); AGE (Min age 6 years)

ANTIARRHYTHMICS - DRUGS TO TREAT HEART CONDITIONS

ANTIARRHYTHMICS TYPE I-A

<i>disopyramide phosphate cap 100 mg</i>	QL (240 ea / 30 days)
<i>disopyramide phosphate cap 150 mg</i>	QL (150 ea / 30 days); AGE (Max age 64 years)
<i>quinidine sulfate tab 300 mg</i>	QL (240 ea / 30 days)

ANTIARRHYTHMICS TYPE I-B

<i>mexiletine hcl cap 150 mg</i>	QL (180 ea / 30 days)
<i>mexiletine hcl cap 200 mg</i>	QL (180 ea / 30 days)
<i>mexiletine hcl cap 250 mg</i>	QL (180 ea / 30 days)

ANTIARRHYTHMICS TYPE I-C

<i>flecainide acetate tab 50 mg</i>	QL (210 ea / 30 days)
<i>flecainide acetate tab 100 mg</i>	QL (180 ea / 30 days)

DRUG NAME	REQUIREMENTS/LIMITS
<i>flecainide acetate tab 150 mg</i>	QL (90 ea / 30 days)
<i>propafenone hcl tab 150 mg</i>	QL (180 ea / 30 days)
<i>propafenone hcl tab 225 mg</i>	QL (90 ea / 30 days)
<i>propafenone hcl tab 300 mg</i>	QL (90 ea / 30 days)
ANTIARRHYTHMICS TYPE III	
<i>amiodarone hcl tab 200 mg</i>	QL (120 ea / 30 days)
<i>pacerone tab 200mg</i>	QL (120 ea / 30 days)
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - DRUGS TO TREAT ASTHMA AND CHRONIC OBSTRUCTIVE PULMONARY DISEASE	
ANTI-INFLAMMATORY AGENTS	
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	QL (780 mL / 30 days)
ANTIASTHMATIC - MONOCLONAL ANTIBODIES	
FASENRA INJ 30MG/ML	SP, PA
FASENRA PEN INJ 30MG/ML	SP, PA
XOLAIR INJ 75/0.5	SP, PA, QL (2.5 mL / 24 days)
XOLAIR INJ 150MG/ML	SP, PA, QL (5 mL / 24 days)
XOLAIR SOL 150MG	SP, PA, QL (5 ea / 24 days)
BRONCHODILATORS - ANTICHOLINERGICS	
ATROVENT HFA AER 17MCG	QL (12.9 gm / 25 days)
INCRUSE ELPT INH 62.5MCG	QL (30 ea / 30 days)
<i>ipratropium bromide inhal soln 0.02%</i>	QL (300 mL / 30 days)
LEUKOTRIENE MODULATORS	
<i>montelukast sodium chew tab 4 mg (base equiv)</i>	QL (30 ea / 30 days)
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	QL (30 ea / 30 days)
<i>montelukast sodium tab 10 mg (base equiv)</i>	QL (30 ea / 30 days)
STEROID INHALANTS	
ALVESCO AER 80MCG	QL (6.1 gm / 25 days)
ALVESCO AER 160MCG	QL (6.1 gm / 25 days)
<i>budesonide inhalation susp 0.5 mg/2ml</i>	QL (120 mL / 30 days); AGE (Max age 9 years)
<i>budesonide inhalation susp 0.25 mg/2ml</i>	QL (120 mL / 30 days); AGE (Max age 9 years)
FLOVENT HFA AER 44MCG	QL (10.6 gm / 30 days); AGE (Max age 11 years)
FLOVENT HFA AER 110MCG	QL (12 gm / 30 days); AGE (Max age 11 years)
QVAR REDIHA AER 80MCG	QL (10.6 gm / 30 days)
QVAR REDIHAL AER 40MCG	QL (10.6 gm / 30 days)

DRUG NAME
SYMPATHOMIMETICS

REQUIREMENTS/LIMITS

<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	AGE; Generic Proair; 2 inhalers/25 days for members under 18
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	QL (18 gm / 25 days), AGE; Generic Ventolin; 2 inhalers/25 days for members under 18
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	QL (8.5 gm / 25 days), AGE; Generic Proair; 2 inhalers/25 days for members under 18
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	QL (150 ea / 25 days)
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	QL (300 mL / 25 days)
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	QL (225 mL / 25 days)
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	QL (150 mL / 25 days)
<i>albuterol sulfate syrup 2 mg/5ml</i>	QL (4500 mL / 30 days)
<i>albuterol sulfate tab 4 mg</i>	QL (240 ea / 30 days)
ANORO ELLIPT AER 62.5-25	QL (60 ea / 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	QL (10.2 gm / 25 days); AGE (Max age 11 years); Generic Symbicort
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	QL (10.2 gm / 25 days); AGE (Max age 11 years); Generic Symbicort
<i>fluticasone-salmeterol aer powder ba 55-14 mcg/act</i>	QL (1 ea / 25 days); Generic Airduo
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/dose</i>	QL (60 ea / 30 days)
<i>fluticasone-salmeterol aer powder ba 113-14 mcg/act</i>	QL (1 ea / 25 days); Generic Airduo
<i>fluticasone-salmeterol aer powder ba 232-14 mcg/act</i>	QL (1 ea / 25 days); Generic Airduo
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/dose</i>	QL (60 ea / 30 days)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/dose</i>	QL (60 ea / 30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	QL (360 mL / 25 days)
STRIVERDI AER 2.5MCG	QL (60 gm / 30 days)
<i>terbutaline sulfate tab 2.5 mg</i>	QL (240 ea / 30 days)
<i>terbutaline sulfate tab 5 mg</i>	QL (180 ea / 30 days)
TRELEGY AER ELLIPTA	QL (60 ea / 30 days)
<i>wixela inhub aer 100/50</i>	QL (60 ea / 30 days)
<i>wixela inhub aer 250/50</i>	QL (60 ea / 30 days)

DRUG NAME	REQUIREMENTS/LIMITS
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<i>wixela inhub aer 500/50</i>	QL (60 ea / 30 days)
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XANTHINES

<i>theophylline soln 80 mg/15ml</i>	
<i>theophylline tab er 12hr 300 mg</i>	QL (120 ea / 30 days)
<i>theophylline tab er 12hr 450 mg</i>	QL (60 ea / 30 days)
<i>theophylline tab er 24hr 400 mg</i>	QL (90 ea / 30 days)
<i>theophylline tab er 24hr 600 mg</i>	QL (90 ea / 30 days)

ANTICOAGULANTS - DRUGS TO PREVENT BLOOD CLOTS

COUMARIN ANTICOAGULANTS

<i>jantoven tab 1mg</i>	QL (300 ea / 30 days)
<i>jantoven tab 2.5mg</i>	QL (300 ea / 30 days)
<i>jantoven tab 2mg</i>	QL (300 ea / 30 days)
<i>jantoven tab 3mg</i>	QL (300 ea / 30 days)
<i>jantoven tab 4mg</i>	QL (300 ea / 30 days)
<i>jantoven tab 5mg</i>	QL (300 ea / 30 days)
<i>jantoven tab 6mg</i>	QL (300 ea / 30 days)
<i>jantoven tab 7.5mg</i>	QL (300 ea / 30 days)
<i>jantoven tab 10mg</i>	QL (300 ea / 30 days)
<i>warfarin sodium tab 1 mg</i>	QL (300 ea / 30 days)
<i>warfarin sodium tab 2 mg</i>	QL (300 ea / 30 days)
<i>warfarin sodium tab 2.5 mg</i>	QL (300 ea / 30 days)
<i>warfarin sodium tab 3 mg</i>	QL (300 ea / 30 days)
<i>warfarin sodium tab 4 mg</i>	QL (300 ea / 30 days)
<i>warfarin sodium tab 5 mg</i>	QL (300 ea / 30 days)
<i>warfarin sodium tab 6 mg</i>	QL (300 ea / 30 days)
<i>warfarin sodium tab 7.5 mg</i>	QL (300 ea / 30 days)
<i>warfarin sodium tab 10 mg</i>	QL (300 ea / 30 days)

DIRECT FACTOR XA INHIBITORS

ELIQUIS ST P TAB 5MG	PA
ELIQUIS TAB 2.5MG	PA
ELIQUIS TAB 5MG	PA

HEPARINS AND HEPARINOID-LIKE AGENTS

<i>enoxaparin sodium inj 30 mg/0.3ml</i>	QL (18 mL / 30 days)
<i>enoxaparin sodium inj 40 mg/0.4ml</i>	QL (24 mL / 30 days)
<i>enoxaparin sodium inj 100 mg/ml</i>	QL (60 mL / 30 days)
<i>enoxaparin sodium inj 120 mg/0.8ml</i>	QL (48 mL / 30 days)
<i>enoxaparin sodium inj 150 mg/ml</i>	QL (60 mL / 30 days)
<i>enoxaparin sodium inj 300 mg/3ml</i>	
<i>enoxaparin sodium subcutaneous soln 60 mg/0.6ml</i>	QL (36 mL / 30 days)
<i>enoxaparin sodium subcutaneous soln 80 mg/0.8ml</i>	QL (48 mL / 30 days)
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	PA
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	PA

DRUG NAME	REQUIREMENTS/LIMITS
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	PA
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	PA
FRAGMIN INJ 2500/0.2	PA
FRAGMIN INJ 5000/0.2	PA
FRAGMIN INJ 7500/0.3	PA
FRAGMIN INJ 10000/ML	PA
FRAGMIN INJ 12500UNT	PA
FRAGMIN INJ 15000UNT	PA
FRAGMIN INJ 18000UNT	PA

ANTICONVULSANTS - DRUGS TO TREAT SEIZURES

ANTICONVULSANTS - BENZODIAZEPINES

<i>clobazam tab 10 mg</i>	QL (60 ea / 30 days)
<i>clobazam tab 20 mg</i>	QL (60 ea / 30 days)
<i>clonazepam tab 0.5 mg</i>	QL (300 ea / 30 days)
<i>clonazepam tab 1 mg</i>	QL (300 ea / 30 days)
<i>clonazepam tab 2 mg</i>	QL (300 ea / 30 days)
<i>diazepam rectal gel delivery system 2.5 mg</i>	QL (2 ea / 25 days)
<i>diazepam rectal gel delivery system 10 mg</i>	QL (2 ea / 25 days)
<i>diazepam rectal gel delivery system 20 mg</i>	QL (2 ea / 25 days)
VALTOCO SPR 5MG	QL (10 ea / 25 days); AGE (Min age 6 years)
VALTOCO SPR 10MG	QL (10 ea / 25 days); AGE (Min age 6 years)
VALTOCO SPR 15MG	QL (10 ea / 25 days); AGE (Min age 6 years)
VALTOCO SPR 20MG	QL (10 ea / 25 days); AGE (Min age 6 years)

ANTICONVULSANTS - MISC.

<i>carbamazepine cap er 12hr 100 mg</i>	QL (240 ea / 30 days)
<i>carbamazepine cap er 12hr 200 mg</i>	QL (240 ea / 30 days)
<i>carbamazepine cap er 12hr 300 mg</i>	QL (240 ea / 30 days)
<i>carbamazepine chew tab 100 mg</i>	QL (240 ea / 30 days)
<i>carbamazepine susp 100 mg/5ml</i>	QL (1800 mL / 30 days)
<i>carbamazepine tab 200 mg</i>	QL (240 ea / 30 days)
<i>carbamazepine tab er 12hr 100 mg</i>	QL (240 ea / 30 days)
<i>carbamazepine tab er 12hr 200 mg</i>	QL (240 ea / 30 days)
<i>carbamazepine tab er 12hr 400 mg</i>	QL (240 ea / 30 days)
CARBATROL CAP 100MG	QL (240 ea / 30 days)
CARBATROL CAP 200MG	QL (240 ea / 30 days)
CARBATROL CAP 300MG	QL (240 ea / 30 days)
<i>epitol tab 200mg</i>	QL (240 ea / 30 days)
<i>gabapentin cap 100 mg</i>	QL (300 ea / 30 days)

DRUG NAME	REQUIREMENTS/LIMITS
<i>gabapentin cap 300 mg</i>	QL (300 ea / 30 days)
<i>gabapentin cap 400 mg</i>	QL (270 ea / 30 days)
<i>gabapentin oral soln 250 mg/5ml</i>	
<i>gabapentin tab 600 mg</i>	QL (180 ea / 30 days)
<i>gabapentin tab 800 mg</i>	QL (120 ea / 30 days)
<i>lamotrigine tab 25 mg</i>	QL (300 ea / 30 days)
<i>lamotrigine tab 100 mg</i>	QL (240 ea / 30 days)
<i>lamotrigine tab 150 mg</i>	QL (120 ea / 30 days)
<i>lamotrigine tab 200 mg</i>	QL (120 ea / 30 days)
<i>lamotrigine tab chewable dispersible 5 mg</i>	QL (240 ea / 30 days)
<i>lamotrigine tab chewable dispersible 25 mg</i>	QL (240 ea / 30 days)
<i>levetiracetam oral soln 100 mg/ml</i>	QL (900 mL / 30 days)
<i>levetiracetam tab 250 mg</i>	QL (180 ea / 30 days)
<i>levetiracetam tab 500 mg</i>	QL (180 ea / 30 days)
<i>levetiracetam tab 750 mg</i>	QL (120 ea / 30 days)
<i>levetiracetam tab 1000 mg</i>	QL (90 ea / 30 days)
<i>levetiracetam tab er 24hr 500 mg</i>	QL (180 ea / 30 days)
<i>levetiracetam tab er 24hr 750 mg</i>	QL (120 ea / 30 days)
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	QL (500 mL / 30 days)
<i>oxcarbazepine tab 150 mg</i>	QL (480 ea / 30 days)
<i>oxcarbazepine tab 300 mg</i>	QL (240 ea / 30 days)
<i>oxcarbazepine tab 600 mg</i>	QL (120 ea / 30 days)
<i>pregabalin cap 25 mg</i>	PA, QL (90 ea / 30 days)
<i>pregabalin cap 50 mg</i>	PA, QL (180 ea / 30 days)
<i>pregabalin cap 75 mg</i>	PA, QL (240 ea / 30 days)
<i>pregabalin cap 100 mg</i>	PA, QL (90 ea / 30 days)
<i>pregabalin cap 150 mg</i>	PA, QL (90 ea / 30 days)
<i>pregabalin cap 200 mg</i>	PA, QL (90 ea / 30 days)
<i>pregabalin cap 225 mg</i>	PA, QL (60 ea / 30 days)
<i>pregabalin cap 300 mg</i>	PA, QL (60 ea / 30 days)
<i>primidone tab 50 mg</i>	QL (120 ea / 30 days)
<i>primidone tab 250 mg</i>	QL (120 ea / 30 days)
<i>roweepra tab 500mg</i>	QL (180 ea / 30 days)
<i>rufinamide susp 40 mg/ml</i>	QL (2400 mL / 30 days)
<i>rufinamide tab 200 mg</i>	QL (480 ea / 30 days)
<i>rufinamide tab 400 mg</i>	QL (240 ea / 30 days)
<i>subvenite tab 25mg</i>	QL (300 ea / 30 days)
<i>subvenite tab 100mg</i>	QL (240 ea / 30 days)
<i>subvenite tab 150mg</i>	QL (120 ea / 30 days)
<i>subvenite tab 200mg</i>	QL (120 ea / 30 days)
TEGRETOL SUS 100/5ML	QL (1800 mL / 30 days)
TEGRETOL TAB 200MG	QL (240 ea / 30 days)

DRUG NAME	REQUIREMENTS/LIMITS
TEGRETOL-XR TAB 100MG	QL (240 ea / 30 days)
TEGRETOL-XR TAB 200MG	QL (240 ea / 30 days)
TEGRETOL-XR TAB 400MG	QL (240 ea / 30 days)
<i>topiramate sprinkle cap 15 mg</i>	QL (240 ea / 30 days)
<i>topiramate sprinkle cap 25 mg</i>	QL (240 ea / 30 days)
<i>topiramate tab 25 mg</i>	QL (120 ea / 30 days)
<i>topiramate tab 50 mg</i>	QL (60 ea / 30 days)
<i>topiramate tab 100 mg</i>	QL (60 ea / 30 days)
<i>topiramate tab 200 mg</i>	QL (60 ea / 30 days)
VIMPAT SOL 10MG/ML	QL (600 mL / 30 days)
VIMPAT TAB 50MG	QL (60 ea / 30 days)
VIMPAT TAB 100MG	QL (60 ea / 30 days)
VIMPAT TAB 150MG	QL (60 ea / 30 days)
VIMPAT TAB 200MG	QL (60 ea / 30 days)
<i>zonisamide cap 25 mg</i>	QL (60 ea / 30 days)
<i>zonisamide cap 50 mg</i>	QL (60 ea / 30 days)
<i>zonisamide cap 100 mg</i>	QL (180 ea / 30 days)
GABA MODULATORS	
<i>tiagabine hcl tab 2 mg</i>	QL (840 ea / 30 days)
<i>tiagabine hcl tab 4 mg</i>	QL (420 ea / 30 days)
<i>tiagabine hcl tab 12 mg</i>	QL (140 ea / 30 days)
<i>tiagabine hcl tab 16 mg</i>	QL (105 ea / 30 days)
<i>vigabatrin powd pack 500 mg</i>	QL (180 ea / 30 days)
<i>vigabatrin tab 500 mg</i>	QL (180 ea / 30 days)
<i>vigadrone pow 500mg</i>	QL (180 ea / 30 days)
HYDANTOINS	
DILANTIN CAP 30MG	QL (180 ea / 30 days)
DILANTIN CAP 100MG	QL (180 ea / 30 days)
DILANTIN CHW 50MG	QL (150 ea / 30 days)
DILANTIN-125 SUS 125/5ML	QL (600 mL / 30 days)
<i>phenytoin chw 50mg</i>	QL (150 ea / 30 days)
<i>phenytoin sodium extended cap 100 mg</i>	QL (180 ea / 30 days)
<i>phenytoin sodium extended cap 200 mg</i>	QL (180 ea / 30 days)
<i>phenytoin sodium extended cap 300 mg</i>	QL (180 ea / 30 days)
<i>phenytoin susp 125 mg/5ml</i>	QL (600 mL / 30 days)
SUCCINIMIDES	
<i>ethosuximide cap 250 mg</i>	QL (180 ea / 30 days)
<i>ethosuximide soln 250 mg/5ml</i>	QL (900 mL / 30 days)
VALPROIC ACID	
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	QL (300 ea / 30 days)
<i>divalproex sodium tab delayed release 125 mg</i>	QL (450 ea / 30 days)

DRUG NAME	REQUIREMENTS/LIMITS
<i>divalproex sodium tab delayed release 250 mg</i>	QL (300 ea / 30 days)
<i>divalproex sodium tab delayed release 500 mg</i>	QL (300 ea / 30 days)
<i>divalproex sodium tab er 24 hr 250 mg</i>	QL (300 ea / 30 days)
<i>divalproex sodium tab er 24 hr 500 mg</i>	QL (300 ea / 30 days)
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	QL (3000 mL / 30 days)
<i>valproic acid cap 250 mg</i>	QL (600 ea / 30 days)

ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION

ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)

<i>mirtazapine tab 15 mg</i>	QL (30 ea / 30 days)
<i>mirtazapine tab 30 mg</i>	QL (120 ea / 30 days)
<i>mirtazapine tab 45 mg</i>	QL (30 ea / 30 days)

ANTIDEPRESSANTS - MISC.

<i>bupropion hcl tab 75 mg</i>	QL (120 ea / 30 days)
<i>bupropion hcl tab 100 mg</i>	QL (120 ea / 30 days)
<i>bupropion hcl tab er 12hr 100 mg</i>	QL (60 ea / 30 days)
<i>bupropion hcl tab er 12hr 150 mg</i>	QL (90 ea / 30 days)
<i>bupropion hcl tab er 12hr 200 mg</i>	QL (60 ea / 30 days)
<i>bupropion hcl tab er 24hr 150 mg</i>	QL (30 ea / 30 days)
<i>bupropion hcl tab er 24hr 300 mg</i>	QL (30 ea / 30 days)

MONOAMINE OXIDASE INHIBITORS (MAOIS)

<i>phenelzine sulfate tab 15 mg</i>	QL (180 ea / 30 days)
<i>tranylcypromine sulfate tab 10 mg</i>	QL (240 ea / 30 days)

SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)

<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	QL (600 mL / 30 days)
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	QL (45 ea / 30 days)
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	QL (60 ea / 30 days)
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	QL (60 ea / 30 days)
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	QL (45 ea / 30 days)
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	QL (45 ea / 30 days)
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	QL (30 ea / 30 days)
<i>fluoxetine hcl cap 10 mg</i>	QL (90 ea / 30 days)
<i>fluoxetine hcl cap 20 mg</i>	QL (120 ea / 30 days)
<i>fluoxetine hcl cap 40 mg</i>	QL (60 ea / 30 days)
<i>fluoxetine hcl solution 20 mg/5ml</i>	
<i>fluvoxamine maleate tab 25 mg</i>	QL (60 ea / 30 days)
<i>fluvoxamine maleate tab 50 mg</i>	QL (60 ea / 30 days)
<i>fluvoxamine maleate tab 100 mg</i>	QL (90 ea / 30 days)
<i>paroxetine hcl tab 10 mg</i>	QL (60 ea / 30 days)
<i>paroxetine hcl tab 20 mg</i>	QL (60 ea / 30 days)
<i>paroxetine hcl tab 30 mg</i>	QL (60 ea / 30 days)
<i>paroxetine hcl tab 40 mg</i>	QL (60 ea / 30 days)

DRUG NAME	REQUIREMENTS/LIMITS
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	
<i>sertraline hcl tab 25 mg</i>	QL (45 ea / 30 days)
<i>sertraline hcl tab 50 mg</i>	QL (60 ea / 30 days)
<i>sertraline hcl tab 100 mg</i>	QL (60 ea / 30 days)
SEROTONIN MODULATORS	
<i>trazodone hcl tab 50 mg</i>	
<i>trazodone hcl tab 100 mg</i>	
<i>trazodone hcl tab 150 mg</i>	
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)	
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	QL (60 ea / 30 days)
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	QL (60 ea / 30 days)
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	QL (60 ea / 30 days)
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	QL (30 ea / 30 days)
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	QL (90 ea / 30 days)
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	QL (30 ea / 30 days)
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	QL (90 ea / 30 days)
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	QL (90 ea / 30 days)
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	QL (90 ea / 30 days)
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	QL (90 ea / 30 days)
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	QL (90 ea / 30 days)
TRICYCLIC AGENTS	
<i>amitriptyline hcl tab 10 mg</i>	QL (180 ea / 30 days); AGE (Max age 64 years)
<i>amitriptyline hcl tab 25 mg</i>	QL (180 ea / 30 days); AGE (Max age 64 years)
<i>amitriptyline hcl tab 50 mg</i>	QL (120 ea / 30 days); AGE (Max age 64 years)
<i>amitriptyline hcl tab 75 mg</i>	QL (120 ea / 30 days); AGE (Max age 64 years)
<i>amitriptyline hcl tab 100 mg</i>	QL (90 ea / 30 days); AGE (Max age 64 years)
<i>amitriptyline hcl tab 150 mg</i>	QL (90 ea / 30 days); AGE (Max age 64 years)
<i>clomipramine hcl cap 25 mg</i>	QL (180 ea / 30 days)
<i>clomipramine hcl cap 50 mg</i>	QL (120 ea / 30 days)
<i>clomipramine hcl cap 75 mg</i>	QL (120 ea / 30 days)
<i>desipramine hcl tab 10 mg</i>	QL (180 ea / 30 days)

DRUG NAME	REQUIREMENTS/LIMITS
<i>desipramine hcl tab 25 mg</i>	QL (120 ea / 30 days)
<i>desipramine hcl tab 50 mg</i>	QL (180 ea / 30 days)
<i>desipramine hcl tab 75 mg</i>	QL (120 ea / 30 days)
<i>desipramine hcl tab 100 mg</i>	QL (90 ea / 30 days)
<i>desipramine hcl tab 150 mg</i>	QL (60 ea / 30 days)
<i>doxepin hcl cap 10 mg</i>	QL (90 ea / 30 days); AGE (Max age 64 years)
<i>doxepin hcl cap 25 mg</i>	QL (90 ea / 30 days); AGE (Max age 64 years)
<i>doxepin hcl cap 50 mg</i>	QL (90 ea / 30 days); AGE (Max age 64 years)
<i>doxepin hcl cap 75 mg</i>	QL (90 ea / 30 days); AGE (Max age 64 years)
<i>doxepin hcl cap 100 mg</i>	QL (90 ea / 30 days); AGE (Max age 64 years)
<i>doxepin hcl cap 150 mg</i>	QL (60 ea / 30 days); AGE (Max age 64 years)
<i>doxepin hcl conc 10 mg/ml</i>	QL (900 mL / 30 days); AGE (Max age 64 years)
<i>imipramine hcl tab 10 mg</i>	QL (180 ea / 30 days)
<i>imipramine hcl tab 25 mg</i>	QL (180 ea / 30 days)
<i>imipramine hcl tab 50 mg</i>	QL (180 ea / 30 days)
<i>nortriptyline hcl cap 10 mg</i>	QL (180 ea / 30 days)
<i>nortriptyline hcl cap 25 mg</i>	QL (180 ea / 30 days)
<i>nortriptyline hcl cap 50 mg</i>	QL (120 ea / 30 days)
<i>nortriptyline hcl cap 75 mg</i>	QL (60 ea / 30 days)
<i>protriptyline hcl tab 5 mg</i>	QL (240 ea / 30 days)
<i>protriptyline hcl tab 10 mg</i>	QL (240 ea / 30 days)

ANTIDIABETICS - DRUGS TO TREAT DIABETES

ALPHA-GLUCOSIDASE INHIBITORS

<i>acarbose tab 25 mg</i>	QL (90 ea / 30 days)
<i>acarbose tab 50 mg</i>	QL (90 ea / 30 days)
<i>acarbose tab 100 mg</i>	QL (120 ea / 30 days)

ANTIDIABETIC COMBINATIONS

<i>alogliptin-metformin hcl tab 12.5-500 mg</i>	ST, QL (60 ea / 30 days); Requires trial of metformin or metformin-containing product AND a Sulfonylurea or Sulfonylurea Combination; Generic Kazano
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DRUG NAME	REQUIREMENTS/LIMITS
<i>alogliptin-metformin hcl tab 12.5-1000 mg</i>	ST, QL (60 ea / 30 days); Requires trial of metformin or metformin-containing product AND a Sulfonylurea or Sulfonylurea Combination; Generic Kazano
<i>alogliptin-pioglitazone tab 12.5-15 mg</i>	ST, QL (30 ea / 30 days); Requires trial of metformin or metformin-containing product AND a Sulfonylurea or Sulfonylurea Combination; Generic Oseni
<i>alogliptin-pioglitazone tab 12.5-30 mg</i>	ST, QL (30 ea / 30 days); Requires trial of metformin or metformin-containing product AND a Sulfonylurea or Sulfonylurea Combination; Generic Oseni
<i>alogliptin-pioglitazone tab 12.5-45 mg</i>	ST, QL (30 ea / 30 days); Requires trial of metformin or metformin-containing product AND a Sulfonylurea or Sulfonylurea Combination; Generic Oseni
<i>alogliptin-pioglitazone tab 25-15 mg</i>	ST, QL (30 ea / 30 days); Requires trial of metformin or metformin-containing product AND a Sulfonylurea or Sulfonylurea Combination; Generic Oseni
<i>alogliptin-pioglitazone tab 25-30 mg</i>	ST, QL (30 ea / 30 days); Requires trial of metformin or metformin-containing product AND a Sulfonylurea or Sulfonylurea Combination; Generic Oseni
<i>alogliptin-pioglitazone tab 25-45 mg</i>	ST, QL (30 ea / 30 days); Requires trial of metformin or metformin-containing product AND a Sulfonylurea or Sulfonylurea Combination; Generic Oseni
<i>glyburide-metformin tab 1.25-250 mg</i>	QL (60 ea / 30 days); Generic Glucovance

DRUG NAME	REQUIREMENTS/LIMITS
<i>glyburide-metformin tab 2.5-500 mg</i>	QL (60 ea / 30 days); Generic Glucovance
<i>glyburide-metformin tab 5-500 mg</i>	QL (120 ea / 30 days); Generic Glucovance
SEGLUROMET TAB 2.5-500	ST, PA; Requires trial of metformin
SEGLUROMET TAB 2.5-1000	ST, PA; Requires trial of metformin
SEGLUROMET TAB 7.5-500	ST, PA; Requires trial of metformin
SEGLUROMET TAB 7.5-1000	ST, PA; Requires trial of metformin

BIGUANIDES

<i>metformin hcl tab 500 mg</i>	QL (150 ea / 30 days)
<i>metformin hcl tab 850 mg</i>	QL (90 ea / 30 days)
<i>metformin hcl tab 1000 mg</i>	QL (60 ea / 30 days)
<i>metformin hcl tab er 24hr 500 mg</i>	QL (120 ea / 30 days)
<i>metformin hcl tab er 24hr 750 mg</i>	QL (120 ea / 30 days)

DIABETIC OTHER

BAQSIMI ONE POW 3MG/DOSE	QL (6 ea / 82 days)
BAQSIMI TWO POW 3MG/DOSE	QL (6 ea / 82 days)
GLUCAGEN INJ HYPOKIT	QL (6 ea / 82 days)
<i>glucagon (rdna) for inj kit 1 mg</i>	QL (6 ea / 82 days)
SM GLUCOSE CHW ORANGE	OTC
SM GLUCOSE CHW RASPBERRY	OTC

DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS

<i>alogliptin benzoate tab 6.25 mg (base equiv)</i>	ST, QL (30 ea / 30 days); Requires trial of metformin or metformin-containing product; Generic Nesina
<i>alogliptin benzoate tab 12.5 mg (base equiv)</i>	ST, QL (30 ea / 30 days); Requires trial of metformin or metformin-containing product; Generic Nesina
<i>alogliptin benzoate tab 25 mg (base equiv)</i>	ST, QL (30 ea / 30 days); Requires trial of metformin or metformin-containing product; Generic Nesina

INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)

OZEMPIC INJ 2/1.5ML	ST, QL (4.5 mL / 82 days); Requires trial of metformin, 0.25 OR 0.5 MG/DOSE
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DRUG NAME	REQUIREMENTS/LIMITS
OZEMPIC INJ 4MG/3ML	ST, QL (9 mL / 82 days); Requires trial of metformin
RYBELSUS TAB 3MG	ST, QL (30 ea / 30 days); Requires trial of metformin
RYBELSUS TAB 7MG	ST, QL (30 ea / 30 days); Requires trial of metformin
RYBELSUS TAB 14MG	ST, QL (30 ea / 30 days); Requires trial of metformin
TRULICITY INJ 0.75/0.5	ST, QL (6 mL / 82 days); Requires trial of metformin
TRULICITY INJ 1.5/0.5	ST, QL (6 mL / 82 days); Requires trial of metformin
TRULICITY INJ 3/0.5	ST, QL (6 mL / 82 days); Requires trial of metformin
TRULICITY INJ 4.5/0.5	ST, QL (6 mL / 82 days); Requires trial of metformin

INSULIN

ADMELOG INJ 100U/ML	QL (30 mL / 25 days)
ADMELOG SOLO INJ 100U/ML	QL (30 mL / 25 days)
BASAGLAR INJ 100UNIT	QL (30 mL / 25 days)
BASAGLAR INJ 100UNIT	QL (90 mL / 82 days)
HUMALOG INJ 100/ML	QL (900 mL / 750 days)
HUMALOG MIX INJ 50/50	QL (90 mL / 82 days)
HUMALOG MIX INJ 50/50KWP	QL (30 mL / 25 days)
HUMALOG MIX INJ 50/50KWP	QL (90 mL / 82 days)
HUMULIN R INJ U-500	QL (54 mL / 82 days); (Kwikpen)
HUMULIN R INJ U-500	QL (60 mL / 82 days)
INS ASP PROT INJ FLEXPEN	QL (30 mL / 25 days)
INS ASP PROT INJ FLEXPEN	QL (90 mL / 82 days)
INSULIN ASPA INJ 70/30	QL (30 mL / 25 days)
INSULIN GLAR INJ 100U/ML	QL (30 mL / 25 days)
INSULIN GLAR SOL 100U/ML	QL (30 mL / 25 days)
INSULIN LISP INJ PROTAMIN	QL (90 mL / 82 days)
NOVOLIN INJ 70/30	QL (90 mL / 82 days), OTC
NOVOLIN INJ 70/30 FP	QL (90 mL / 82 days), OTC
NOVOLIN N INJ 100 UNIT	QL (90 mL / 82 days), OTC
NOVOLIN N INJ U-100	QL (90 mL / 82 days), OTC
NOVOLIN R INJ U-100	QL (90 mL / 82 days), OTC
NOVOLOG MIX INJ 70/30	QL (90 mL / 82 days)
NOVOLOG MIX INJ FLEX REL	QL (90 mL / 82 days)
NOVOLOG MIX INJ FLEXPEN	QL (30 mL / 25 days)
NOVOLOG RELI INJ 70/30	QL (90 mL / 82 days)

DRUG NAME	REQUIREMENTS/LIMITS
SEMGLEE INJ 100U/ML	QL (30 mL / 25 days)
SEMGLEE SOL 100U/ML	QL (30 mL / 25 days)
INSULIN SENSITIZING AGENTS	
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	QL (30 ea / 30 days)
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	QL (30 ea / 30 days)
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	QL (30 ea / 30 days)
MEGLITINIDE ANALOGUES	
<i>nateglinide tab 60 mg</i>	QL (90 ea / 30 days)
<i>nateglinide tab 120 mg</i>	QL (90 ea / 30 days)
<i>repaglinide tab 0.5 mg</i>	QL (180 ea / 30 days)
<i>repaglinide tab 1 mg</i>	QL (180 ea / 30 days)
<i>repaglinide tab 2 mg</i>	QL (180 ea / 30 days)
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS	
STEGLATRO TAB 5MG	ST, PA; Requires trial of metformin
STEGLATRO TAB 15MG	ST, PA; Requires trial of metformin
SULFONYLUREAS	
<i>glimepiride tab 1 mg</i>	QL (90 ea / 30 days)
<i>glimepiride tab 2 mg</i>	QL (120 ea / 30 days)
<i>glimepiride tab 4 mg</i>	QL (90 ea / 30 days)
<i>glipizide tab 5 mg</i>	QL (240 ea / 30 days)
<i>glipizide tab 10 mg</i>	QL (120 ea / 30 days)
<i>glipizide tab er 24hr 2.5 mg</i>	QL (60 ea / 30 days)
<i>glipizide tab er 24hr 5 mg</i>	QL (60 ea / 30 days)
<i>glipizide tab er 24hr 10 mg</i>	QL (60 ea / 30 days)
<i>glipizide xl tab 2.5mg</i>	QL (60 ea / 30 days)
<i>glipizide xl tab 5mg</i>	QL (60 ea / 30 days)
<i>glipizide xl tab 10mg</i>	QL (60 ea / 30 days)
<i>glyburide micronized tab 1.5 mg</i>	QL (120 ea / 30 days)
<i>glyburide micronized tab 3 mg</i>	QL (120 ea / 30 days)
<i>glyburide micronized tab 6 mg</i>	QL (120 ea / 30 days)
<i>glyburide tab 1.25 mg</i>	QL (120 ea / 30 days)
<i>glyburide tab 2.5 mg</i>	QL (120 ea / 30 days)
<i>glyburide tab 5 mg</i>	QL (120 ea / 30 days)
ANTIDIARRHEAL/PROBIOTIC AGENTS - DRUGS TO TREAT DIARRHEA	
ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.	
<i>bismatrol chw 262mg</i>	OTC
<i>bismuth subsalicylate chew tab 262 mg</i>	OTC
<i>diarrhea rel sus 262/15ml</i>	OTC
<i>pink bismuth chw 262mg</i>	OTC
<i>pink bismuth sus 262/15ml</i>	OTC

DRUG NAME	REQUIREMENTS/LIMITS
<i>pink bismuth sus 525/30ml</i>	OTC
<i>pink bismuth sus max str</i>	OTC
<i>pink bismuth tab 262mg</i>	OTC
<i>sm stomach sus 262/15ml</i>	OTC
<i>sm stomach sus 525/30ml</i>	OTC
<i>stomach relf chw 262mg</i>	OTC
<i>stomach relf sus 262/15ml</i>	OTC
<i>stomach relf sus 525/30ml</i>	OTC
<i>stomach relf tab 262mg</i>	OTC

ANTIPERISTALTIC AGENTS

<i>anti-diarrhe cap 2mg</i>	QL (240 ea / 30 days), OTC
<i>anti-diarrhe liq 1mg/7.5</i>	OTC
<i>anti-diarrhe tab 2mg</i>	QL (240 ea / 30 days), OTC
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	QL (1200 mL / 30 days)
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	QL (240 ea / 30 days)
<i>hm anti-diar liq 1mg/7.5</i>	OTC
<i>loperamide hcl cap 2 mg</i>	QL (240 ea / 30 days)
<i>loperamide hcl liq 1 mg/7.5ml</i>	OTC
<i>loperamide hcl tab 2 mg</i>	QL (240 ea / 30 days), OTC
<i>qc anti-diar cap 2mg</i>	QL (240 ea / 30 days), OTC
<i>sm anti-diar liq 1mg/7.5</i>	OTC
<i>sm anti-diar tab 2mg</i>	QL (240 ea / 30 days), OTC

ANTIDOTES AND SPECIFIC ANTAGONISTS - DRUGS FOR OVERDOSE OR POISONING

OPIOID ANTAGONISTS

<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	
<i>naltrexone hcl tab 50 mg</i>	QL (60 ea / 30 days)
VIVITROL INJ 380MG	QL (1 ea / 28 days)

ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING

5-HT₃ RECEPTOR ANTAGONISTS

<i>granisetron hcl tab 1 mg</i>	ST, QL (60 ea / 30 days); Requires trial of ondansetron
<i>ondansetron hcl oral soln 4 mg/5ml</i>	PA
<i>ondansetron hcl tab 4 mg</i>	QL (90 ea / 25 days)
<i>ondansetron hcl tab 8 mg</i>	QL (90 ea / 25 days)
<i>ondansetron orally disintegrating tab 4 mg</i>	QL (90 ea / 25 days)
<i>ondansetron orally disintegrating tab 8 mg</i>	QL (90 ea / 25 days)

ANTIEMETICS - ANTICHOLINERGIC

<i>driminate tab 50mg</i>	QL (180 ea / 30 days), OTC
<i>meclizine hcl chew tab 25 mg</i>	QL (120 ea / 30 days), OTC
<i>meclizine hcl tab 12.5 mg</i>	QL (120 ea / 30 days)

DRUG NAME	REQUIREMENTS/LIMITS
<i>meclizine hcl tab 12.5 mg</i>	QL (120 ea / 30 days), OTC
<i>meclizine hcl tab 25 mg</i>	QL (120 ea / 30 days)
<i>meclizine hcl tab 25 mg</i>	QL (120 ea / 30 days), OTC
<i>motion relf tab 25mg</i>	QL (120 ea / 30 days), OTC
<i>motion sick tab 25mg</i>	QL (120 ea / 30 days), OTC
<i>motion sick tab 50mg</i>	QL (180 ea / 30 days), OTC
<i>motion sick tab relief</i>	QL (180 ea / 30 days), OTC
<i>motion sickn tab 25 mg</i>	QL (120 ea / 30 days), OTC
<i>motion-time chw 25mg</i>	QL (120 ea / 30 days), OTC
<i>scopolamine td patch 72hr 1 mg/3days</i>	PA
<i>travel ease chw 25mg</i>	QL (120 ea / 30 days), OTC

ANTIEMETICS - MISCELLANEOUS

<i>anti-nausea sol</i>	OTC
<i>anti-nausea sol liquid</i>	OTC
<i>gnp nausea sol relief</i>	OTC
<i>goodsense sol nausea</i>	OTC
<i>nausea relie sol cherry</i>	OTC

ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS

ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS

<i>griseofulvin microsize susp 125 mg/5ml</i>	QL (1200 mL / 30 days)
<i>nystatin tab 500000 unit</i>	QL (240 ea / 30 days)
<i>terbinafine hcl tab 250 mg</i>	QL (30 ea / 30 days)

IMIDAZOLE-RELATED ANTIFUNGALS

<i>fluconazole for susp 10 mg/ml</i>	QL (35 mL / 25 days); AGE (Max age 12 years)
<i>fluconazole for susp 40 mg/ml</i>	QL (35 mL / 25 days); AGE (Max age 12 years)
<i>fluconazole tab 50 mg</i>	QL (60 ea / 30 days)
<i>fluconazole tab 100 mg</i>	QL (21 ea / 25 days)
<i>fluconazole tab 150 mg</i>	QL (2 ea / 25 days)
<i>fluconazole tab 200 mg</i>	QL (21 ea / 25 days)
<i>ketoconazole tab 200 mg</i>	QL (60 ea / 30 days)

ANTIHISTAMINES - DRUGS TO TREAT ALLERGIES

ANTIHISTAMINES - ALKYLAMINES

<i>aller-chlor tab 4mg</i>	QL (180 ea / 30 days), OTC
<i>allergy relf tab 4mg</i>	QL (180 ea / 30 days), OTC
<i>allergy reli tab 4mg</i>	QL (180 ea / 30 days), OTC
<i>allergy tab 4mg</i>	QL (180 ea / 30 days), OTC
<i>allergy tab 12mg cr</i>	QL (60 ea / 30 days), OTC
<i>chlor-phenir tab 4mg</i>	QL (180 ea / 30 days), OTC
<i>chlorpheniramine maleate tab er 12 mg</i>	QL (60 ea / 30 days), OTC
<i>ed chlorped syp jr</i>	OTC

DRUG NAME	REQUIREMENTS/LIMITS
<i>gnp allergy tab 4mg</i>	QL (180 ea / 30 days), OTC
<i>sm allergy tab 4mg</i>	QL (180 ea / 30 days), OTC
ANTIHISTAMINES - ETHANOLAMINES	
<i>allergy chld liq 12.5/5ml</i>	QL (2400 mL / 30 days), OTC; AGE (Max age 12 years)
<i>allergy relf cap 25mg</i>	QL (180 ea / 30 days), OTC; AGE (Max age 64 years)
<i>allergy relf liq 12.5/5ml</i>	QL (2400 mL / 30 days), OTC; AGE (Max age 12 years)
<i>allergy relf tab 25mg</i>	QL (180 ea / 30 days), OTC; AGE (Max age 64 years)
<i>allergy rlf liq 50/20ml</i>	QL (2400 mL / 30 days), OTC; AGE (Max age 12 years)
<i>banophen cap 25mg</i>	QL (180 ea / 30 days), OTC; AGE (Max age 64 years)
<i>banophen cap 50mg</i>	QL (180 ea / 30 days), OTC; AGE (Max age 64 years)
<i>banophen tab 25mg</i>	QL (180 ea / 30 days), OTC; AGE (Max age 64 years)
<i>carbinoxamine maleate soln 4 mg/5ml</i>	
<i>carbinoxamine maleate tab 4 mg</i>	
<i>chld allergy liq 12.5/5ml</i>	QL (2400 mL / 30 days), OTC; AGE (Max age 12 years)
<i>clemastine fumarate tab 2.68 mg</i>	QL (90 ea / 30 days)
<i>comp allergy cap 25mg</i>	QL (180 ea / 30 days), OTC; AGE (Max age 64 years)
<i>comp allergy tab 25mg</i>	QL (180 ea / 30 days), OTC; AGE (Max age 64 years)
<i>dayhist alrg tab 12 hour</i>	QL (60 ea / 30 days), OTC
<i>diphenhist cap 25mg</i>	QL (180 ea / 30 days), OTC; AGE (Max age 64 years)
<i>diphenhydramine hcl cap 25 mg</i>	QL (180 ea / 30 days), OTC; AGE (Max age 64 years)
<i>diphenhydramine hcl cap 50 mg</i>	QL (180 ea / 30 days), OTC; AGE (Max age 64 years)
<i>diphenhydramine hcl elixir 12.5 mg/5ml</i>	QL (2400 mL / 30 days); AGE (Max age 12 years)
<i>diphenhydramine hcl inj 50 mg/ml</i>	AGE (Max age 64 years)
<i>diphenhydramine hcl inj 50 mg/ml</i>	AGE

DRUG NAME	REQUIREMENTS/LIMITS
<i>diphenhydramine hcl liquid 12.5 mg/5ml</i>	QL (2400 mL / 30 days), OTC; AGE (Max age 12 years)
<i>diphenhydramine hcl tab 25 mg</i>	QL (180 ea / 30 days), OTC; AGE (Max age 64 years)
<i>gnp allergy cap 25mg</i>	QL (180 ea / 30 days), OTC; AGE (Max age 64 years)
<i>gnp allergy chw 12.5mg</i>	QL (180 ea / 30 days), OTC; AGE (Max age 12 years)
<i>gnp allergy liq children</i>	QL (2400 mL / 30 days), OTC; AGE (Max age 12 years)
<i>gnp allergy tab 25mg</i>	QL (180 ea / 30 days), OTC; AGE (Max age 64 years)
<i>hm allergy cap 25mg</i>	QL (180 ea / 30 days), OTC; AGE (Max age 64 years)
<i>liquid aller liq 12.5/5ml</i>	QL (2400 mL / 30 days), OTC; AGE (Max age 12 years)
<i>m-dryl liq 12.5/5ml</i>	QL (2400 mL / 30 days), OTC; AGE (Max age 12 years)
<i>qc allergy tab 25mg</i>	QL (180 ea / 30 days), OTC; AGE (Max age 64 years)
<i>siladryl alr liq 12.5/5ml</i>	QL (2400 mL / 30 days), OTC; AGE (Max age 12 years)
<i>sm allergy tab 25mg</i>	QL (180 ea / 30 days), OTC; AGE (Max age 64 years)
<i>sm allergy tab 25mg rlf</i>	QL (180 ea / 30 days), OTC; AGE (Max age 64 years)

ANTIHISTAMINES - NON-SEDATING

<i>all day allg sol 1mg/ml</i>	QL (300 mL / 30 days), OTC; AGE (Max age 12 years)
<i>all day allg sol 5mg/5ml</i>	QL (300 mL / 30 days), OTC; AGE (Max age 12 years)
<i>all day allg tab 10mg</i>	QL (30 ea / 30 days), OTC
<i>all-day allg sol 5mg/5ml</i>	QL (300 mL / 30 days), OTC; AGE (Max age 12 years)
<i>aller-tec tab 10mg</i>	QL (30 ea / 30 days), OTC
<i>allerclear tab 10mg</i>	QL (30 ea / 30 days), OTC
<i>allergy chld sol 1mg/ml</i>	QL (300 mL / 30 days), OTC; AGE (Max age 12 years)

DRUG NAME	REQUIREMENTS/LIMITS
<i>allergy chld syp 5mg/5ml</i>	QL (300 mL / 30 days), OTC; AGE (Max age 12 years)
<i>allergy relf sol 1mg/ml</i>	QL (300 mL / 30 days), OTC; AGE (Max age 12 years)
<i>allergy relf sol 5mg/5ml</i>	QL (300 mL / 30 days), OTC; AGE (Max age 12 years)
<i>allergy relf syp 5mg/5ml</i>	QL (300 mL / 30 days), OTC; AGE (Max age 12 years)
<i>allergy relf tab 10mg</i>	QL (30 ea / 30 days), OTC
<i>allergy relf tab 10mg</i>	QL (30 ea / 30 days), OTC; AGE (Max age 12 years)
<i>allergy reli tab 10mg</i>	QL (30 ea / 30 days), OTC
<i>allgy relief tab 10mg</i>	QL (30 ea / 30 days), OTC
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	QL (300 mL / 30 days); AGE (Max age 12 years)
<i>cetirizine hcl tab 5 mg</i>	QL (30 ea / 30 days), OTC
<i>cetirizine hcl tab 10 mg</i>	QL (30 ea / 30 days), OTC
<i>cetirizine sol 1mg/ml</i>	QL (300 mL / 30 days), OTC; AGE (Max age 12 years)
<i>cetirizine sol 5mg/5ml</i>	QL (300 mL / 30 days), OTC; AGE (Max age 12 years)
<i>child allrgy sol 5mg/5ml</i>	QL (300 mL / 30 days), OTC; AGE (Max age 12 years)
<i>gnp all day tab allergy</i>	QL (30 ea / 30 days), OTC
<i>loratadine sol 5mg/5ml</i>	QL (300 mL / 30 days), OTC; AGE (Max age 12 years)
<i>loratadine sol 10/10ml</i>	QL (300 mL / 30 days), OTC; AGE (Max age 12 years)
<i>loratadine syp 5mg/5ml</i>	QL (300 mL / 30 days), OTC; AGE (Max age 12 years)
<i>loratadine tab 10 mg</i>	QL (30 ea / 30 days), OTC
<i>loratadine tab 10mg</i>	QL (30 ea / 30 days), OTC; AGE (Max age 12 years)
<i>qc allergy tab 10mg</i>	QL (30 ea / 30 days), OTC
<i>sm all day tab 10mg</i>	QL (30 ea / 30 days), OTC
<i>sm all day tab allergy</i>	QL (30 ea / 30 days), OTC
<i>sm allergy syp 5mg/5ml</i>	QL (300 mL / 30 days), OTC; AGE (Max age 12 years)
<i>sm loratadin tab 10mg</i>	QL (30 ea / 30 days), OTC

ANTI-HISTAMINES - PHENOTHIAZINES

<i>promethazine hcl inj 25 mg/ml</i>	QL (3000 mL / 30 days); AGE (Min age 2 years and Max age 64 years)
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DRUG NAME	REQUIREMENTS/LIMITS
<i>promethazine hcl inj 50 mg/ml</i>	QL (1500 mL / 30 days); AGE (Min age 2 years and Max age 64 years)
<i>promethazine hcl suppos 12.5 mg</i>	QL (24 ea / 30 days); AGE (Min age 2 years and Max age 64 years)
<i>promethazine hcl suppos 25 mg</i>	QL (24 ea / 30 days); AGE (Min age 2 years and Max age 64 years)
<i>promethazine hcl syrup 6.25 mg/5ml</i>	QL (3000 mL / 30 days); AGE (Min age 2 years and Max age 64 years)
<i>promethazine hcl tab 12.5 mg</i>	QL (60 ea / 30 days); AGE (Min age 2 years and Max age 64 years)
<i>promethazine hcl tab 25 mg</i>	QL (180 ea / 30 days); AGE (Min age 2 years and Max age 64 years)
<i>promethazine hcl tab 50 mg</i>	QL (60 ea / 30 days); AGE (Min age 2 years and Max age 64 years)
<i>promethegan sup 12.5mg</i>	QL (24 ea / 30 days); AGE (Min age 2 years and Max age 64 years)
<i>promethegan sup 25mg</i>	QL (24 ea / 30 days); AGE (Min age 2 years and Max age 64 years)

ANTI-HISTAMINES - PIPERIDINES

<i>cyproheptadine hcl syrup 2 mg/5ml</i>	QL (600 mL / 30 days); AGE (Max age 64 years)
<i>cyproheptadine hcl tab 4 mg</i>	QL (180 ea / 30 days); AGE (Max age 64 years)

ANTIHYPERLIPIDEMICS - DRUGS TO TREAT HIGH CHOLESTEROL

ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS

NEXLETOL TAB 180MG	PA
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ANTIHYPERLIPIDEMICS - COMBINATIONS

NEXLIZET TAB 180/10MG	PA
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BILE ACID SEQUESTRANTS

<i>cholestyramine light powder 4 gm/dose</i>	QL (240 gm / 30 days)
<i>cholestyramine powder 4 gm/dose</i>	QL (1440 gm / 30 days)
<i>colestipol hcl tab 1 gm</i>	QL (480 ea / 30 days)
<i>prevalite pow 4gm</i>	QL (240 gm / 30 days)

DRUG NAME	REQUIREMENTS/LIMITS
FIBRIC ACID DERIVATIVES	
<i>fenofibrate tab 48 mg</i>	QL (30 ea / 30 days)
<i>fenofibrate tab 54 mg</i>	QL (30 ea / 30 days)
<i>fenofibrate tab 145 mg</i>	QL (30 ea / 30 days)
<i>fenofibrate tab 160 mg</i>	QL (30 ea / 30 days)
<i>gemfibrozil tab 600 mg</i>	QL (120 ea / 30 days)
HMG COA REDUCTASE INHIBITORS	
<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	QL (30 ea / 30 days)
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	QL (30 ea / 30 days)
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	QL (30 ea / 30 days)
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	QL (30 ea / 30 days)
<i>lovastatin tab 10 mg</i>	QL (30 ea / 30 days)
<i>lovastatin tab 20 mg</i>	QL (30 ea / 30 days)
<i>lovastatin tab 40 mg</i>	QL (30 ea / 30 days)
<i>pravastatin sodium tab 10 mg</i>	QL (30 ea / 30 days)
<i>pravastatin sodium tab 20 mg</i>	QL (30 ea / 30 days)
<i>pravastatin sodium tab 40 mg</i>	QL (30 ea / 30 days)
<i>pravastatin sodium tab 80 mg</i>	QL (30 ea / 30 days)
<i>rosuvastatin calcium tab 5 mg</i>	QL (30 ea / 30 days)
<i>rosuvastatin calcium tab 10 mg</i>	QL (30 ea / 30 days)
<i>rosuvastatin calcium tab 20 mg</i>	QL (30 ea / 30 days)
<i>rosuvastatin calcium tab 40 mg</i>	QL (30 ea / 30 days)
<i>simvastatin tab 5 mg</i>	QL (30 ea / 30 days)
<i>simvastatin tab 10 mg</i>	QL (30 ea / 30 days)
<i>simvastatin tab 20 mg</i>	QL (30 ea / 30 days)
<i>simvastatin tab 40 mg</i>	QL (30 ea / 30 days)
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS	
<i>ezetimibe tab 10 mg</i>	QL (30 ea / 30 days)
PROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS	
REPATHA INJ 140MG/ML	PA, QL (2 mL / 24 days)
REPATHA PUSH INJ 420/3.5	PA, QL (3.5 mL / 24 days)
REPATHA SURE INJ 140MG/ML	PA, QL (2 mL / 24 days)
ANTIHYPERTENSIVES - DRUGS TO TREAT HIGH BLOOD PRESSURE	
ACE INHIBITORS	
<i>benazepril hcl tab 5 mg</i>	QL (45 ea / 30 days)
<i>benazepril hcl tab 10 mg</i>	QL (45 ea / 30 days)
<i>benazepril hcl tab 20 mg</i>	QL (45 ea / 30 days)
<i>benazepril hcl tab 40 mg</i>	QL (60 ea / 30 days)
<i>captopril tab 12.5 mg</i>	QL (90 ea / 30 days)
<i>captopril tab 25 mg</i>	QL (90 ea / 30 days)
<i>captopril tab 50 mg</i>	QL (90 ea / 30 days)
<i>captopril tab 100 mg</i>	QL (90 ea / 30 days)

DRUG NAME	REQUIREMENTS/LIMITS
<i>enalapril maleate tab 2.5 mg</i>	QL (30 ea / 30 days)
<i>enalapril maleate tab 5 mg</i>	QL (30 ea / 30 days)
<i>enalapril maleate tab 10 mg</i>	QL (30 ea / 30 days)
<i>enalapril maleate tab 20 mg</i>	QL (60 ea / 30 days)
<i>fosinopril sodium tab 10 mg</i>	QL (30 ea / 30 days)
<i>fosinopril sodium tab 20 mg</i>	QL (30 ea / 30 days)
<i>fosinopril sodium tab 40 mg</i>	QL (30 ea / 30 days)
<i>lisinopril tab 2.5 mg</i>	QL (30 ea / 30 days)
<i>lisinopril tab 5 mg</i>	QL (30 ea / 30 days)
<i>lisinopril tab 10 mg</i>	QL (30 ea / 30 days)
<i>lisinopril tab 20 mg</i>	QL (30 ea / 30 days)
<i>lisinopril tab 30 mg</i>	QL (60 ea / 30 days)
<i>lisinopril tab 40 mg</i>	QL (60 ea / 30 days)
<i>quinapril hcl tab 5 mg</i>	QL (30 ea / 30 days)
<i>quinapril hcl tab 10 mg</i>	QL (30 ea / 30 days)
<i>quinapril hcl tab 20 mg</i>	QL (30 ea / 30 days)
<i>quinapril hcl tab 40 mg</i>	QL (60 ea / 30 days)
<i>ramipril cap 1.25 mg</i>	QL (30 ea / 30 days)
<i>ramipril cap 2.5 mg</i>	QL (30 ea / 30 days)
<i>ramipril cap 5 mg</i>	QL (30 ea / 30 days)
<i>ramipril cap 10 mg</i>	QL (30 ea / 30 days)
<i>trandolapril tab 1 mg</i>	QL (30 ea / 30 days)
<i>trandolapril tab 2 mg</i>	QL (30 ea / 30 days)
<i>trandolapril tab 4 mg</i>	QL (30 ea / 30 days)

ANGIOTENSIN II RECEPTOR ANTAGONISTS

<i>irbesartan tab 75 mg</i>	QL (30 ea / 30 days)
<i>irbesartan tab 150 mg</i>	QL (30 ea / 30 days)
<i>irbesartan tab 300 mg</i>	QL (30 ea / 30 days)
<i>losartan potassium tab 25 mg</i>	QL (30 ea / 30 days)
<i>losartan potassium tab 50 mg</i>	QL (30 ea / 30 days)
<i>losartan potassium tab 100 mg</i>	QL (30 ea / 30 days)
<i>valsartan tab 40 mg</i>	QL (60 ea / 30 days)
<i>valsartan tab 80 mg</i>	QL (60 ea / 30 days)
<i>valsartan tab 160 mg</i>	QL (60 ea / 30 days)
<i>valsartan tab 320 mg</i>	QL (60 ea / 30 days)

ANTIADRENERGIC ANTIHYPERTENSIVES

<i>clonidine hcl tab 0.1 mg</i>	QL (180 ea / 30 days)
<i>clonidine hcl tab 0.2 mg</i>	QL (180 ea / 30 days)
<i>clonidine hcl tab 0.3 mg</i>	QL (120 ea / 30 days)
<i>doxazosin mesylate tab 1 mg</i>	QL (30 ea / 30 days)
<i>doxazosin mesylate tab 2 mg</i>	QL (30 ea / 30 days)
<i>doxazosin mesylate tab 4 mg</i>	QL (30 ea / 30 days)

DRUG NAME	REQUIREMENTS/LIMITS
<i>doxazosin mesylate tab 8 mg</i>	QL (60 ea / 30 days)
<i>guanfacine hcl tab 1 mg</i>	QL (120 ea / 30 days); Generic Tenex
<i>guanfacine hcl tab 2 mg</i>	QL (60 ea / 30 days); Generic Tenex
<i>prazosin hcl cap 1 mg</i>	QL (180 ea / 30 days)
<i>prazosin hcl cap 2 mg</i>	QL (180 ea / 30 days)
<i>prazosin hcl cap 5 mg</i>	QL (180 ea / 30 days)
<i>terazosin hcl cap 1 mg (base equivalent)</i>	QL (30 ea / 30 days)
<i>terazosin hcl cap 2 mg (base equivalent)</i>	QL (60 ea / 30 days)
<i>terazosin hcl cap 5 mg (base equivalent)</i>	QL (30 ea / 30 days)
<i>terazosin hcl cap 10 mg (base equivalent)</i>	QL (60 ea / 30 days)

ANTIHYPERTENSIVE COMBINATIONS

<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	QL (30 ea / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	QL (30 ea / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	QL (30 ea / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	QL (30 ea / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	QL (30 ea / 30 days)
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	QL (30 ea / 30 days)
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	QL (30 ea / 30 days)
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	QL (30 ea / 30 days)
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	QL (30 ea / 30 days)
<i>atenolol & chlorthalidone tab 50-25 mg</i>	QL (60 ea / 30 days)
<i>atenolol & chlorthalidone tab 100-25 mg</i>	QL (30 ea / 30 days)
BENAZEPR/HCTZ TAB 5-6.25	QL (30 ea / 30 days)
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	QL (30 ea / 30 days)
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	QL (30 ea / 30 days)
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	QL (30 ea / 30 days)
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	QL (90 ea / 30 days)
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	QL (90 ea / 30 days)
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	QL (120 ea / 30 days)
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	QL (60 ea / 30 days)
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	QL (60 ea / 30 days)
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	QL (30 ea / 30 days)
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	QL (30 ea / 30 days)
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	QL (30 ea / 30 days)
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	QL (30 ea / 30 days)
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	QL (60 ea / 30 days)

DRUG NAME	REQUIREMENTS/LIMITS
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	QL (60 ea / 30 days)
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	QL (60 ea / 30 days)
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	QL (30 ea / 30 days)
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	QL (30 ea / 30 days)
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	QL (30 ea / 30 days)
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	QL (30 ea / 30 days)
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	QL (30 ea / 30 days)
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	QL (30 ea / 30 days)
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	QL (30 ea / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	QL (30 ea / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	QL (30 ea / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	QL (30 ea / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	QL (30 ea / 30 days)

VASODILATORS

<i>hydralazine hcl tab 10 mg</i>	QL (300 ea / 30 days)
<i>hydralazine hcl tab 25 mg</i>	QL (120 ea / 30 days)
<i>hydralazine hcl tab 50 mg</i>	QL (240 ea / 30 days)
<i>hydralazine hcl tab 100 mg</i>	QL (90 ea / 30 days)
<i>minoxidil tab 2.5 mg</i>	QL (150 ea / 30 days)
<i>minoxidil tab 10 mg</i>	QL (150 ea / 30 days)

ANTIMALARIALS - DRUGS TO TREAT MALARIA

ANTIMALARIALS - DRUGS TO TREAT MALARIA

<i>chloroquine phosphate tab 250 mg</i>	QL (10 ea / 3 days)
<i>chloroquine phosphate tab 500 mg</i>	QL (5 ea / 3 days)
<i>hydroxychloroquine sulfate tab 200 mg</i>	QL (120 ea / 30 days)
<i>mefloquine hcl tab 250 mg</i>	QL (120 ea / 30 days)

ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS TO TREAT MUSCLE DISORDERS

ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS TO TREAT MUSCLE DISORDERS

<i>pyridostigmine bromide tab 60 mg</i>	QL (180 ea / 30 days)
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ANTIMYCOBACTERIAL AGENTS - DRUGS TO TREAT INFECTIONS

ANTIMYCOBACTERIAL AGENTS - DRUGS TO TREAT INFECTIONS

<i>ethambutol hcl tab 100 mg</i>	QL (150 ea / 30 days)
<i>ethambutol hcl tab 400 mg</i>	QL (150 ea / 30 days)
<i>isoniazid syrup 50 mg/5ml</i>	QL (900 mL / 30 days)
<i>isoniazid tab 100 mg</i>	QL (180 ea / 30 days)
<i>isoniazid tab 300 mg</i>	QL (90 ea / 30 days)
PRIFTIN TAB 150MG	QL (24 ea / 21 days)

DRUG NAME	REQUIREMENTS/LIMITS
<i>pyrazinamide tab 500 mg</i>	QL (180 ea / 30 days)
<i>rifampin cap 150 mg</i>	QL (240 ea / 30 days)
<i>rifampin cap 300 mg</i>	QL (120 ea / 30 days)

ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - DRUGS TO TREAT CANCER

ALKYLATING AGENTS

<i>cyclophosphamide cap 25 mg</i>	SP, QL (480 ea / 30 days)
<i>cyclophosphamide cap 50 mg</i>	SP, QL (480 ea / 30 days)
LEUKERAN TAB 2MG	QL (240 ea / 30 days)
<i>melphalan tab 2 mg</i>	
<i>temozolomide cap 5 mg</i>	SP, PA
<i>temozolomide cap 20 mg</i>	SP, PA
<i>temozolomide cap 100 mg</i>	SP, PA
<i>temozolomide cap 140 mg</i>	SP, PA
<i>temozolomide cap 180 mg</i>	SP, PA
<i>temozolomide cap 250 mg</i>	SP, PA

ANTIMETABOLITES

<i>capecitabine tab 150 mg</i>	SP, PA
<i>capecitabine tab 500 mg</i>	SP, PA
<i>mercaptopurine tab 50 mg</i>	QL (120 ea / 30 days)
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	QL (10 mL / 25 days)
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	QL (10 mL / 25 days)
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	QL (10 mL / 25 days)
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	QL (10 mL / 25 days)
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	QL (10 mL / 25 days)
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	QL (720 ea / 30 days)

ANTINEOPLASTIC - EGFR INHIBITORS

<i>erlotinib hcl tab 25 mg (base equivalent)</i>	SP, PA
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	SP, PA
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	SP, PA
TAGRISSO TAB 40MG	SP, PA
TAGRISSO TAB 80MG	SP, PA

ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS

<i>abiraterone acetate tab 250 mg</i>	SP, PA, QL (120 ea / 30 days)
<i>anastrozole tab 1 mg</i>	QL (30 ea / 30 days)
<i>bicalutamide tab 50 mg</i>	QL (90 ea / 30 days)
ELIGARD INJ 7.5MG	PA
ELIGARD INJ 22.5MG	PA
ELIGARD INJ 30MG	PA

DRUG NAME	REQUIREMENTS/LIMITS
ELIGARD INJ 45MG	PA
<i>flutamide cap 125 mg</i>	QL (180 ea / 30 days)
<i>letrozole tab 2.5 mg</i>	QL (30 ea / 30 days)
<i>leuprolide acetate inj kit 5 mg/ml</i>	PA
LYSODREN TAB 500MG	
<i>megestrol acetate susp 40 mg/ml</i>	QL (1200 mL / 30 days)
<i>megestrol acetate tab 20 mg</i>	QL (1200 ea / 30 days)
<i>megestrol acetate tab 40 mg</i>	QL (600 ea / 30 days)
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	QL (60 ea / 30 days)
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	QL (60 ea / 30 days)

ANTINEOPLASTIC ENZYME INHIBITORS

ALECENSA CAP 150MG	SP, PA, QL (240 ea / 30 days)
BRUKINSA CAP 80MG	SP, PA, QL (120 ea / 30 days)
IBRANCE CAP 75MG	SP, PA, QL (21 ea / 28 days)
IBRANCE CAP 100MG	SP, PA, QL (21 ea / 28 days)
IBRANCE CAP 125MG	SP, PA, QL (21 ea / 28 days)
IBRANCE TAB 75MG	SP, PA, QL (21 ea / 28 days)
IBRANCE TAB 100MG	SP, PA, QL (21 ea / 28 days)
IBRANCE TAB 125MG	SP, PA, QL (21 ea / 28 days)
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	SP, PA, QL (90 ea / 30 days)
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	SP, PA, QL (60 ea / 30 days)
IMBRUVICA CAP 140MG	SP, PA, QL (90 ea / 30 days)
IMBRUVICA TAB 420MG	SP, PA, QL (30 ea / 30 days)
IMBRUVICA TAB 560MG	SP, PA, QL (30 ea / 30 days)
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	SP, PA, QL (180 ea / 30 days)
NEXAVAR TAB 200MG	SP, PA, QL (120 ea / 30 days)
SPRYCEL TAB 20MG	SP, PA, QL (90 ea / 30 days)
SPRYCEL TAB 50MG	SP, PA, QL (30 ea / 30 days)
SPRYCEL TAB 70MG	SP, PA, QL (30 ea / 30 days)
SPRYCEL TAB 80MG	SP, PA
SPRYCEL TAB 100MG	SP, PA, QL (30 ea / 30 days)
SPRYCEL TAB 140MG	SP, PA, QL (30 ea / 30 days)
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	SP, PA, QL (30 ea / 30 days)
<i>sunitinib malate cap 25 mg (base equivalent)</i>	SP, PA, QL (30 ea / 30 days)
<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	SP, PA, QL (30 ea / 30 days)
<i>sunitinib malate cap 50 mg (base equivalent)</i>	SP, PA, QL (30 ea / 30 days)

ANTINEOPLASTICS MISC.

<i>hydroxyurea cap 500 mg</i>	
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DRUG NAME	REQUIREMENTS/LIMITS
INTRON A INJ 10MU	SP, PA
MATULANE CAP 50MG	SP, PA
<i>tretinoin cap 10 mg</i>	PA

CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS

<i>leucovorin calcium tab 5 mg</i>
<i>leucovorin calcium tab 10 mg</i>
<i>leucovorin calcium tab 15 mg</i>
<i>leucovorin calcium tab 25 mg</i>

MITOTIC INHIBITORS

<i>etoposide cap 50 mg</i>	PA
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ANTIPARKINSON AND RELATED THERAPY AGENTS - DRUGS TO TREAT PARKINSONS DISEASE

ANTIPARKINSON ANTICHOLINERGICS

<i>benztropine mesylate tab 0.5 mg</i>	QL (150 ea / 30 days); AGE (Max age 64 years)
<i>benztropine mesylate tab 1 mg</i>	QL (180 ea / 30 days); AGE (Max age 64 years)
<i>benztropine mesylate tab 2 mg</i>	QL (90 ea / 30 days); AGE (Max age 64 years)
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	PA
<i>trihexyphenidyl hcl tab 2 mg</i>	QL (360 ea / 30 days); AGE (Max age 64 years)
<i>trihexyphenidyl hcl tab 5 mg</i>	QL (90 ea / 30 days); AGE (Max age 64 years)

ANTIPARKINSON COMT INHIBITORS

<i>entacapone tab 200 mg</i>	ST, QL (240 ea / 30 days); Requires prior use of carbidopa/levodopa
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ANTIPARKINSON DOPAMINERGICS

<i>amantadine hcl cap 100 mg</i>	QL (120 ea / 30 days)
<i>amantadine hcl soln 50 mg/5ml</i>	QL (1200 mL / 30 days)
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	QL (180 ea / 30 days)
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	QL (180 ea / 30 days)
<i>carbidopa & levodopa tab 10-100 mg</i>	QL (240 ea / 30 days)
<i>carbidopa & levodopa tab 25-100 mg</i>	QL (360 ea / 30 days)
<i>carbidopa & levodopa tab 25-250 mg</i>	QL (240 ea / 30 days)
<i>carbidopa & levodopa tab er 25-100 mg</i>	QL (120 ea / 30 days)
<i>carbidopa & levodopa tab er 50-200 mg</i>	QL (240 ea / 30 days)
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	ST, QL (240 ea / 30 days); Requires prior use of carbidopa/levodopa

DRUG NAME	REQUIREMENTS/LIMITS
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	ST, QL (240 ea / 30 days); Requires prior use of carbidopa/levodopa
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	ST, QL (240 ea / 30 days); Requires prior use of carbidopa/levodopa
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	ST, QL (240 ea / 30 days); Requires prior use of carbidopa/levodopa
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	ST, QL (240 ea / 30 days); Requires prior use of carbidopa/levodopa
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	ST, QL (180 ea / 30 days); Requires prior use of carbidopa/levodopa
<i>pramipexole dihydrochloride tab 0.5 mg</i>	QL (90 ea / 30 days)
<i>pramipexole dihydrochloride tab 0.25 mg</i>	QL (90 ea / 30 days)
<i>pramipexole dihydrochloride tab 0.75 mg</i>	QL (180 ea / 30 days)
<i>pramipexole dihydrochloride tab 0.125 mg</i>	QL (90 ea / 30 days)
<i>pramipexole dihydrochloride tab 1 mg</i>	QL (90 ea / 30 days)
<i>pramipexole dihydrochloride tab 1.5 mg</i>	QL (90 ea / 30 days)
<i>ropinirole hydrochloride tab 0.5 mg</i>	QL (180 ea / 30 days)
<i>ropinirole hydrochloride tab 0.25 mg</i>	QL (360 ea / 30 days)
<i>ropinirole hydrochloride tab 1 mg</i>	QL (360 ea / 30 days)
<i>ropinirole hydrochloride tab 2 mg</i>	QL (360 ea / 30 days)
<i>ropinirole hydrochloride tab 3 mg</i>	QL (360 ea / 30 days)
<i>ropinirole hydrochloride tab 4 mg</i>	QL (360 ea / 30 days)
<i>ropinirole hydrochloride tab 5 mg</i>	QL (360 ea / 30 days)

ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS

<i>selegiline hcl cap 5 mg</i>	QL (60 ea / 30 days)
<i>selegiline hcl tab 5 mg</i>	QL (60 ea / 30 days)

ANTIPSYCHOTICS/ANTIMANIC AGENTS - DRUGS TO TREAT PSYCHOSES

ANTIMANIC AGENTS

<i>lithium carbonate cap 150 mg</i>	QL (360 ea / 30 days); AGE (Min age 6 years)
<i>lithium carbonate cap 300 mg</i>	QL (180 ea / 30 days); AGE (Min age 6 years)
<i>lithium carbonate cap 600 mg</i>	QL (90 ea / 30 days)
<i>lithium carbonate tab 300 mg</i>	QL (180 ea / 30 days)
<i>lithium carbonate tab er 300 mg</i>	QL (180 ea / 30 days); AGE (Min age 6 years)
<i>lithium carbonate tab er 450 mg</i>	QL (120 ea / 30 days); AGE (Min age 6 years)

DRUG NAME	REQUIREMENTS/LIMITS
ANTIPSYCHOTICS - MISC.	
LATUDA TAB 20MG	PA
LATUDA TAB 40MG	PA
LATUDA TAB 60MG	PA
LATUDA TAB 80MG	PA
LATUDA TAB 120MG	PA
VRAYLAR CAP 1.5-3MG	
VRAYLAR CAP 1.5MG	
VRAYLAR CAP 3MG	
VRAYLAR CAP 4.5MG	
VRAYLAR CAP 6MG	
<i>ziprasidone hcl cap 20 mg</i>	QL (60 ea / 30 days); AGE (Min age 6 years)
<i>ziprasidone hcl cap 40 mg</i>	QL (60 ea / 30 days); AGE (Min age 6 years)
<i>ziprasidone hcl cap 60 mg</i>	QL (60 ea / 30 days); AGE (Min age 6 years)
<i>ziprasidone hcl cap 80 mg</i>	QL (60 ea / 30 days); AGE (Min age 6 years)
BENZISOXAZOLES	
FANAPT PAK	PA
FANAPT TAB 1MG	PA
FANAPT TAB 2MG	PA
FANAPT TAB 4MG	PA
FANAPT TAB 6MG	PA
FANAPT TAB 8MG	PA
FANAPT TAB 10MG	PA
FANAPT TAB 12MG	PA
INVEGA SUST INJ 39/0.25	QL (0.25 mL / 25 days)
INVEGA SUST INJ 78/0.5ML	QL (0.5 mL / 25 days)
INVEGA SUST INJ 117/0.75	QL (0.75 mL / 25 days)
INVEGA SUST INJ 156MG/ML	QL (1 mL / 25 days)
INVEGA SUST INJ 234/1.5	QL (1.5 mL / 25 days)
INVEGA TRINZ INJ 273MG	QL (0.88 mL / 71 days); AGE (Min age 6 years)
INVEGA TRINZ INJ 410MG	QL (1.32 mL / 71 days); AGE (Min age 6 years)
INVEGA TRINZ INJ 546MG	QL (1.75 mL / 71 days); AGE (Min age 6 years)
INVEGA TRINZ INJ 819MG	QL (2.65 mL / 71 days); AGE (Min age 6 years)
<i>paliperidone tab er 24hr 1.5 mg</i>	PA

DRUG NAME	REQUIREMENTS/LIMITS
<i>paliperidone tab er 24hr 3 mg</i>	PA
<i>paliperidone tab er 24hr 6 mg</i>	PA
<i>paliperidone tab er 24hr 9 mg</i>	PA
RISPERDAL INJ 12.5MG	QL (2 ea / 25 days); AGE (Min age 6 years)
RISPERDAL INJ 25MG	QL (2 ea / 25 days); AGE (Min age 6 years)
RISPERDAL INJ 37.5MG	QL (2 ea / 25 days); AGE (Min age 6 years)
RISPERDAL INJ 50MG	QL (2 ea / 25 days); AGE (Min age 6 years)
<i>risperidone orally disintegrating tab 0.5 mg</i>	QL (60 ea / 30 days); AGE (Min age 5 years)
<i>risperidone orally disintegrating tab 0.25 mg</i>	QL (60 ea / 30 days); AGE (Min age 5 years)
<i>risperidone orally disintegrating tab 1 mg</i>	QL (60 ea / 30 days); AGE (Min age 5 years)
<i>risperidone orally disintegrating tab 2 mg</i>	QL (60 ea / 30 days); AGE (Min age 5 years)
<i>risperidone orally disintegrating tab 3 mg</i>	QL (60 ea / 30 days); AGE (Min age 5 years)
<i>risperidone orally disintegrating tab 4 mg</i>	QL (120 ea / 30 days); AGE (Min age 5 years)
<i>risperidone soln 1 mg/ml</i>	QL (480 mL / 30 days); AGE (Min age 5 years)
<i>risperidone tab 0.5 mg</i>	QL (60 ea / 30 days); AGE (Min age 5 years)
<i>risperidone tab 0.25 mg</i>	QL (60 ea / 30 days); AGE (Min age 5 years)
<i>risperidone tab 1 mg</i>	QL (60 ea / 30 days); AGE (Min age 5 years)
<i>risperidone tab 2 mg</i>	QL (60 ea / 30 days); AGE (Min age 5 years)
<i>risperidone tab 3 mg</i>	QL (60 ea / 30 days); AGE (Min age 5 years)
<i>risperidone tab 4 mg</i>	QL (120 ea / 30 days); AGE (Min age 5 years)

BUTYROPHENONES

<i>haloperidol decanoate im soln 50 mg/ml</i>	AGE (Min age 6 years)
<i>haloperidol decanoate im soln 50 mg/ml</i>	AGE
<i>haloperidol decanoate im soln 100 mg/ml</i>	AGE (Min age 6 years)
<i>haloperidol lactate inj 5 mg/ml</i>	AGE (Min age 6 years)
<i>haloperidol lactate oral conc 2 mg/ml</i>	AGE (Min age 6 years)

DRUG NAME	REQUIREMENTS/LIMITS
<i>haloperidol tab 0.5 mg</i>	QL (180 ea / 30 days); AGE (Min age 6 years)
<i>haloperidol tab 1 mg</i>	QL (150 ea / 30 days); AGE (Min age 6 years)
<i>haloperidol tab 2 mg</i>	QL (150 ea / 30 days); AGE (Min age 6 years)
<i>haloperidol tab 5 mg</i>	QL (150 ea / 30 days); AGE (Min age 6 years)
<i>haloperidol tab 10 mg</i>	QL (150 ea / 30 days); AGE (Min age 6 years)
<i>haloperidol tab 20 mg</i>	QL (150 ea / 30 days); AGE (Min age 6 years)

DIBENZAPINES

<i>asenapine maleate sl tab 5 mg (base equiv)</i>	PA
<i>asenapine maleate sl tab 10 mg (base equiv)</i>	PA
<i>clozapine tab 25 mg</i>	AGE (Min age 6 years)
<i>clozapine tab 50 mg</i>	QL (60 ea / 30 days); AGE (Min age 6 years)
<i>clozapine tab 100 mg</i>	AGE (Min age 6 years)
<i>clozapine tab 200 mg</i>	AGE (Min age 6 years)
<i>loxapine succinate cap 5 mg</i>	QL (450 ea / 30 days); AGE (Min age 6 years)
<i>loxapine succinate cap 10 mg</i>	QL (450 ea / 30 days); AGE (Min age 6 years)
<i>loxapine succinate cap 25 mg</i>	QL (180 ea / 30 days); AGE (Min age 6 years)
<i>loxapine succinate cap 50 mg</i>	QL (450 ea / 30 days); AGE (Min age 6 years)
<i>olanzapine tab 2.5 mg</i>	QL (30 ea / 30 days); AGE (Min age 6 years)
<i>olanzapine tab 5 mg</i>	QL (30 ea / 30 days); AGE (Min age 6 years)
<i>olanzapine tab 7.5 mg</i>	QL (30 ea / 30 days); AGE (Min age 6 years)
<i>olanzapine tab 10 mg</i>	QL (30 ea / 30 days); AGE (Min age 6 years)
<i>olanzapine tab 15 mg</i>	QL (30 ea / 30 days); AGE (Min age 6 years)
<i>olanzapine tab 20 mg</i>	QL (30 ea / 30 days); AGE (Min age 6 years)
<i>quetiapine fumarate tab 25 mg</i>	QL (60 ea / 30 days); AGE (Min age 6 years)

DRUG NAME	REQUIREMENTS/LIMITS
<i>quetiapine fumarate tab 50 mg</i>	QL (60 ea / 30 days); AGE (Min age 6 years)
<i>quetiapine fumarate tab 100 mg</i>	QL (60 ea / 30 days); AGE (Min age 6 years)
<i>quetiapine fumarate tab 200 mg</i>	QL (60 ea / 30 days); AGE (Min age 6 years)
<i>quetiapine fumarate tab 300 mg</i>	QL (60 ea / 30 days); AGE (Min age 6 years)
<i>quetiapine fumarate tab 400 mg</i>	QL (60 ea / 30 days); AGE (Min age 6 years)
<i>quetiapine fumarate tab er 24hr 50 mg</i>	PA, QL (30 ea / 30 days)
<i>quetiapine fumarate tab er 24hr 150 mg</i>	PA, QL (30 ea / 30 days)
<i>quetiapine fumarate tab er 24hr 200 mg</i>	PA, QL (30 ea / 30 days)
<i>quetiapine fumarate tab er 24hr 300 mg</i>	PA, QL (30 ea / 30 days)
<i>quetiapine fumarate tab er 24hr 400 mg</i>	PA, QL (30 ea / 30 days)
ZYPREXA RELP INJ 210MG	QL (2 ea / 25 days); AGE (Min age 6 years)
ZYPREXA RELP INJ 300MG	QL (2 ea / 25 days); AGE (Min age 6 years)
ZYPREXA RELP INJ 405MG	QL (1 ea / 25 days); AGE (Min age 6 years)

PHENOTHIAZINES

<i>chlorpromazine hcl tab 10 mg</i>	QL (360 ea / 30 days); AGE (Min age 6 years)
<i>chlorpromazine hcl tab 25 mg</i>	QL (360 ea / 30 days); AGE (Min age 6 years)
<i>chlorpromazine hcl tab 50 mg</i>	QL (360 ea / 30 days); AGE (Min age 6 years)
<i>chlorpromazine hcl tab 100 mg</i>	QL (360 ea / 30 days); AGE (Min age 6 years)
<i>chlorpromazine hcl tab 200 mg</i>	QL (360 ea / 30 days); AGE (Min age 6 years)
<i>compro sup 25mg</i>	QL (360 ea / 30 days)
<i>fluphenazine decanoate inj 25 mg/ml</i>	
<i>fluphenazine hcl inj 2.5 mg/ml</i>	
<i>fluphenazine hcl tab 1 mg</i>	QL (120 ea / 30 days); AGE (Min age 6 years)
<i>fluphenazine hcl tab 2.5 mg</i>	QL (120 ea / 30 days); AGE (Min age 6 years)
<i>fluphenazine hcl tab 5 mg</i>	QL (120 ea / 30 days); AGE (Min age 6 years)
<i>fluphenazine hcl tab 10 mg</i>	QL (120 ea / 30 days); AGE (Min age 6 years)

DRUG NAME	REQUIREMENTS/LIMITS
<i>perphenazine tab 2 mg</i>	QL (90 ea / 30 days); AGE (Min age 6 years and Max age 64 years)
<i>perphenazine tab 4 mg</i>	QL (90 ea / 30 days); AGE (Min age 6 years and Max age 64 years)
<i>perphenazine tab 8 mg</i>	QL (90 ea / 30 days); AGE (Min age 6 years and Max age 64 years)
<i>perphenazine tab 16 mg</i>	QL (90 ea / 30 days); AGE (Min age 6 years and Max age 64 years)
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	QL (300 ea / 30 days); AGE (Min age 6 years)
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	QL (240 ea / 30 days); AGE (Min age 6 years)
<i>prochlorperazine suppos 25 mg</i>	QL (360 ea / 30 days)
<i>thioridazine hcl tab 10 mg</i>	QL (90 ea / 30 days); AGE (Max age 64 years)
<i>thioridazine hcl tab 25 mg</i>	QL (90 ea / 30 days); AGE (Max age 64 years)
<i>thioridazine hcl tab 50 mg</i>	QL (90 ea / 30 days); AGE (Max age 64 years)
<i>thioridazine hcl tab 100 mg</i>	QL (90 ea / 30 days); AGE (Max age 64 years)
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	QL (180 ea / 30 days); AGE (Min age 6 years)
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	QL (180 ea / 30 days); AGE (Min age 6 years)
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	QL (180 ea / 30 days); AGE (Min age 6 years)
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	QL (120 ea / 30 days); AGE (Min age 6 years)

QUINOLINONE DERIVATIVES

<i>ABILIFY MAIN INJ 300MG</i>	QL (1 ea / 25 days); AGE (Min age 6 years)
<i>ABILIFY MAIN INJ 400MG</i>	QL (1 ea / 25 days); AGE (Min age 6 years)
<i>aripiprazole oral solution 1 mg/ml</i>	PA; AGE (Min age 6 years)
<i>aripiprazole orally disintegrating tab 10 mg</i>	PA, QL (30 ea / 30 days); AGE (Min age 6 years)
<i>aripiprazole orally disintegrating tab 15 mg</i>	PA, QL (30 ea / 30 days); AGE (Min age 6 years)

DRUG NAME	REQUIREMENTS/LIMITS
<i>aripiprazole tab 2 mg</i>	QL (30 ea / 30 days); AGE (Min age 6 years)
<i>aripiprazole tab 5 mg</i>	QL (30 ea / 30 days); AGE (Min age 6 years)
<i>aripiprazole tab 10 mg</i>	QL (30 ea / 30 days); AGE (Min age 6 years)
<i>aripiprazole tab 15 mg</i>	QL (30 ea / 30 days); AGE (Min age 6 years)
<i>aripiprazole tab 20 mg</i>	QL (30 ea / 30 days); AGE (Min age 6 years)
<i>aripiprazole tab 30 mg</i>	QL (30 ea / 30 days); AGE (Min age 6 years)
ARISTADA INJ 441MG/1.	QL (1.6 mL / 25 days); AGE (Min age 6 years)
ARISTADA INJ 662MG/2	QL (2.4 mL / 25 days); AGE (Min age 6 years)
ARISTADA INJ 882MG/3	QL (3.2 mL / 25 days); AGE (Min age 6 years)
ARISTADA INJ 1064MG	QL (3.9 mL / 50 days); AGE (Min age 6 years)

THIOXANTHENES

<i>thiothixene cap 1 mg</i>	QL (180 ea / 30 days); AGE (Min age 6 years)
<i>thiothixene cap 2 mg</i>	QL (180 ea / 30 days); AGE (Min age 6 years)
<i>thiothixene cap 5 mg</i>	QL (180 ea / 30 days); AGE (Min age 6 years)
<i>thiothixene cap 10 mg</i>	QL (180 ea / 30 days); AGE (Min age 6 years)

ANTISEPTICS & DISINFECTANTS - PRODUCTS TO DISINFECT

CHLORINE ANTISEPTICS

<i>betasept liq 4%</i>	OTC
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ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS

ANTIRETROVIRALS

<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	QL (900 mL / 30 days)
<i>abacavir sulfate tab 300 mg (base equiv)</i>	QL (60 ea / 30 days)
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	QL (30 ea / 30 days)
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	QL (60 ea / 30 days)
APTIVUS CAP 250MG	QL (120 ea / 30 days)
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	QL (60 ea / 30 days)
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	QL (60 ea / 30 days)
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	QL (30 ea / 30 days)

DRUG NAME	REQUIREMENTS/LIMITS
BIKTARVY TAB	QL (30 ea / 30 days)
CIMDUO TAB 300-300	QL (30 ea / 30 days)
COMPLERA TAB	QL (30 ea / 30 days)
DELSTRIGO TAB	QL (30 ea / 30 days)
DESCOVY TAB 200/25MG	ST, QL (30 ea / 30 days); Prior Use of Truvada
DOVATO TAB 50-300MG	QL (30 ea / 30 days)
EDURANT TAB 25MG	QL (30 ea / 30 days)
<i>efavirenz cap 50 mg</i>	QL (360 ea / 30 days)
<i>efavirenz cap 200 mg</i>	QL (90 ea / 30 days)
<i>efavirenz tab 600 mg</i>	QL (30 ea / 30 days)
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	QL (30 ea / 30 days)
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	QL (30 ea / 30 days)
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	QL (30 ea / 30 days)
<i>emtricitabine caps 200 mg</i>	QL (30 ea / 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	QL (30 ea / 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	QL (30 ea / 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	QL (30 ea / 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	QL (30 ea / 30 days)
EMTRIVA SOL 10MG/ML	QL (600 mL / 30 days)
<i>etravirine tab 100 mg</i>	QL (120 ea / 30 days)
<i>etravirine tab 200 mg</i>	QL (60 ea / 30 days)
EVOTAZ TAB 300-150	QL (30 ea / 30 days)
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	QL (120 ea / 30 days)
FUZEON INJ 90MG	PA
GENVOYA TAB	QL (30 ea / 30 days)
INTELENCE TAB 25MG	QL (120 ea / 30 days)
INVIRASE TAB 500MG	QL (120 ea / 30 days)
ISENTRESS CHW 25MG	QL (60 ea / 30 days)
ISENTRESS CHW 100MG	QL (360 ea / 30 days)
ISENTRESS HD TAB 600MG	QL (60 ea / 30 days)
ISENTRESS POW 100MG	QL (360 ea / 30 days)
ISENTRESS TAB 400MG	QL (60 ea / 30 days)
JULUCA TAB 50-25MG	QL (30 ea / 30 days)
<i>lamivudine oral soln 10 mg/ml</i>	QL (900 mL / 30 days)
<i>lamivudine tab 150 mg</i>	QL (60 ea / 30 days)

DRUG NAME	REQUIREMENTS/LIMITS
<i>lamivudine tab 300 mg</i>	QL (30 ea / 30 days)
<i>lamivudine-zidovudine tab 150-300 mg</i>	QL (60 ea / 30 days)
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	QL (480 mL / 30 days)
<i>lopinavir-ritonavir tab 100-25 mg</i>	QL (240 ea / 30 days)
<i>lopinavir-ritonavir tab 200-50 mg</i>	QL (120 ea / 30 days)
<i>maraviroc tab 150 mg</i>	QL (60 ea / 30 days)
<i>maraviroc tab 300 mg</i>	QL (60 ea / 30 days)
<i>nevirapine tab 200 mg</i>	QL (60 ea / 30 days)
<i>nevirapine tab er 24hr 100 mg</i>	QL (90 ea / 30 days)
<i>nevirapine tab er 24hr 400 mg</i>	QL (30 ea / 30 days)
NORVIR SOL 80MG/ML	QL (450 mL / 30 days)
ODEFSEY TAB	QL (30 ea / 30 days)
PIFELTRO TAB 100MG	QL (30 ea / 30 days)
PREZCOBIX TAB 800-150	QL (30 ea / 30 days)
PREZISTA SUS 100MG/ML	QL (240 mL / 30 days)
PREZISTA TAB 75MG	QL (480 ea / 30 days)
PREZISTA TAB 150MG	QL (240 ea / 30 days)
PREZISTA TAB 600MG	QL (60 ea / 30 days)
PREZISTA TAB 800MG	QL (30 ea / 30 days)
<i>ritonavir tab 100 mg</i>	QL (360 ea / 30 days)
RUKOBIA TAB 600MG ER	QL (60 ea / 30 days)
SELZENTRY SOL 20MG/ML	QL (900 mL / 30 days)
SELZENTRY TAB 25MG	QL (120 ea / 30 days)
SELZENTRY TAB 75MG	QL (60 ea / 30 days)
<i>stavudine cap 15 mg</i>	QL (60 ea / 30 days)
<i>stavudine cap 20 mg</i>	QL (60 ea / 30 days)
<i>stavudine cap 30 mg</i>	QL (60 ea / 30 days)
<i>stavudine cap 40 mg</i>	QL (60 ea / 30 days)
STRIBILD TAB	QL (30 ea / 30 days)
SYMTUZA TAB	QL (30 ea / 30 days)
TEMIXYS TAB 300-300	QL (30 ea / 30 days)
<i>tenofovir disoproxil fumarate tab 300 mg</i>	QL (30 ea / 30 days)
TIVICAY PD TAB 5MG	QL (180 ea / 30 days)
TIVICAY TAB 10MG	QL (30 ea / 30 days)
TIVICAY TAB 25MG	QL (30 ea / 30 days)
TIVICAY TAB 50MG	QL (60 ea / 30 days)
TRIUMEQ TAB	QL (30 ea / 30 days)
TYBOST TAB 150MG	QL (30 ea / 30 days)
VIRACEPT TAB 250MG	QL (300 ea / 30 days)
VIRACEPT TAB 625MG	QL (120 ea / 30 days)
VIREAD POW 40MG/GM	QL (225 gm / 30 days)

DRUG NAME	REQUIREMENTS/LIMITS
VIREAD TAB 150MG	QL (30 ea / 30 days)
VIREAD TAB 200MG	QL (30 ea / 30 days)
VIREAD TAB 250MG	QL (30 ea / 30 days)
<i>zidovudine cap 100 mg</i>	QL (180 ea / 30 days)
<i>zidovudine syrup 10 mg/ml</i>	QL (1800 mL / 30 days)
<i>zidovudine tab 300 mg</i>	QL (60 ea / 30 days)
CMV AGENTS	
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	PA
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	PA
HEPATITIS AGENTS	
<i>adefovir dipivoxil tab 10 mg</i>	QL (30 ea / 30 days)
<i>entecavir tab 0.5 mg</i>	
<i>entecavir tab 1 mg</i>	
<i>lamivudine tab 100 mg (hbv)</i>	QL (90 ea / 30 days)
LEDIP-SOFOSB TAB 90-400MG	SP, PA, QL (30 ea / 30 days); Preferred Agent
PEGASYS INJ	SP, PA
PEGASYS INJ 180MCG/M	SP, PA
<i>ribavirin cap 200 mg</i>	SP, PA
<i>ribavirin tab 200 mg</i>	SP, PA
SOFOS/VELPAT TAB 400-100	SP, PA, QL (30 ea / 30 days); Preferred Agent
SOVALDI TAB 400MG	SP, PA
VEMLIDY TAB 25MG	PA
VOSEVI TAB	SP, PA, QL (30 ea / 30 days)
ZEPATIER TAB 50-100MG	SP, PA
HERPES AGENTS	
<i>acyclovir cap 200 mg</i>	QL (150 ea / 30 days)
<i>acyclovir susp 200 mg/5ml</i>	QL (750 mL / 30 days)
<i>acyclovir tab 400 mg</i>	QL (150 ea / 30 days)
<i>acyclovir tab 800 mg</i>	QL (150 ea / 30 days)
<i>famciclovir tab 125 mg</i>	QL (90 ea / 30 days)
<i>famciclovir tab 250 mg</i>	QL (90 ea / 30 days)
<i>famciclovir tab 500 mg</i>	QL (90 ea / 30 days)
<i>valacyclovir hcl tab 1 gm</i>	QL (240 ea / 30 days)
<i>valacyclovir hcl tab 500 mg</i>	QL (240 ea / 30 days)
INFLUENZA AGENTS	
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	QL (max quantity 10 per fill)
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	QL (max quantity 10 per fill)
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	QL (max quantity 10 per fill)
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	AGE (Max age 12 years); QL (max quantity 180 per fill)

DRUG NAME	REQUIREMENTS/LIMITS
RELENZA MIS DISKHALE	QL (max quantity 20 per fill)
<i>rimantadine hydrochloride tab 100 mg</i>	QL (60 ea / 30 days)

BETA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS

ALPHA-BETA BLOCKERS

<i>carvedilol tab 3.125 mg</i>	QL (60 ea / 30 days)
<i>carvedilol tab 6.25 mg</i>	QL (60 ea / 30 days)
<i>carvedilol tab 12.5 mg</i>	QL (60 ea / 30 days)
<i>carvedilol tab 25 mg</i>	QL (60 ea / 30 days)
<i>labetalol hcl tab 100 mg</i>	QL (120 ea / 30 days)
<i>labetalol hcl tab 200 mg</i>	QL (120 ea / 30 days)
<i>labetalol hcl tab 300 mg</i>	QL (180 ea / 30 days)

BETA BLOCKERS CARDIO-SELECTIVE

<i>acebutolol hcl cap 200 mg</i>	QL (480 ea / 30 days)
<i>acebutolol hcl cap 400 mg</i>	QL (480 ea / 30 days)
<i>atenolol tab 25 mg</i>	QL (60 ea / 30 days)
<i>atenolol tab 50 mg</i>	QL (60 ea / 30 days)
<i>atenolol tab 100 mg</i>	QL (60 ea / 30 days)
<i>bisoprolol fumarate tab 5 mg</i>	QL (60 ea / 30 days)
<i>bisoprolol fumarate tab 10 mg</i>	QL (60 ea / 30 days)
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	QL (90 ea / 30 days)
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	QL (120 ea / 30 days)
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	QL (90 ea / 30 days)
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	QL (60 ea / 30 days)
<i>metoprolol tartrate tab 25 mg</i>	QL (90 ea / 30 days)
<i>metoprolol tartrate tab 50 mg</i>	QL (90 ea / 30 days)
<i>metoprolol tartrate tab 100 mg</i>	QL (90 ea / 30 days)

BETA BLOCKERS NON-SELECTIVE

<i>nadolol tab 20 mg</i>	QL (90 ea / 30 days)
<i>nadolol tab 40 mg</i>	QL (90 ea / 30 days)
<i>nadolol tab 80 mg</i>	QL (60 ea / 30 days)
<i>propranolol hcl cap er 24hr 60 mg</i>	QL (90 ea / 30 days)
<i>propranolol hcl cap er 24hr 80 mg</i>	QL (120 ea / 30 days)
<i>propranolol hcl cap er 24hr 120 mg</i>	QL (90 ea / 30 days)
<i>propranolol hcl cap er 24hr 160 mg</i>	QL (60 ea / 30 days)
<i>propranolol hcl oral soln 20 mg/5ml</i>	QL (600 mL / 30 days)
<i>propranolol hcl oral soln 40 mg/5ml</i>	
<i>propranolol hcl tab 10 mg</i>	QL (180 ea / 30 days)

DRUG NAME	REQUIREMENTS/LIMITS
<i>propranolol hcl tab 20 mg</i>	QL (180 ea / 30 days)
<i>propranolol hcl tab 40 mg</i>	QL (180 ea / 30 days)
<i>propranolol hcl tab 60 mg</i>	QL (180 ea / 30 days)
<i>propranolol hcl tab 80 mg</i>	QL (180 ea / 30 days)
<i>sorine tab 80mg</i>	QL (60 ea / 30 days)
<i>sorine tab 120mg</i>	QL (60 ea / 30 days)
<i>sorine tab 160mg</i>	QL (60 ea / 30 days)
<i>sorine tab 240mg</i>	QL (60 ea / 30 days)
<i>sotalol hcl (afib/afl) tab 80 mg</i>	QL (60 ea / 30 days)
<i>sotalol hcl (afib/afl) tab 120 mg</i>	QL (60 ea / 30 days)
<i>sotalol hcl (afib/afl) tab 160 mg</i>	QL (60 ea / 30 days)
<i>sotalol hcl tab 80 mg</i>	QL (60 ea / 30 days)
<i>sotalol hcl tab 120 mg</i>	QL (60 ea / 30 days)
<i>sotalol hcl tab 160 mg</i>	QL (60 ea / 30 days)
<i>sotalol hcl tab 240 mg</i>	QL (60 ea / 30 days)

CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS

CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS

<i>amlodipine besylate tab 2.5 mg (base equivalent)</i>	QL (30 ea / 30 days)
<i>amlodipine besylate tab 5 mg (base equivalent)</i>	QL (30 ea / 30 days)
<i>amlodipine besylate tab 10 mg (base equivalent)</i>	QL (30 ea / 30 days)
<i>cartia xt cap 120/24hr</i>	QL (30 ea / 30 days)
<i>cartia xt cap 180/24hr</i>	QL (60 ea / 30 days)
<i>cartia xt cap 240/24hr</i>	QL (30 ea / 30 days)
<i>cartia xt cap 300/24hr</i>	QL (30 ea / 30 days)
<i>dilt-xr cap 120mg</i>	QL (60 ea / 30 days)
<i>dilt-xr cap 180mg</i>	QL (60 ea / 30 days)
<i>dilt-xr cap 240mg</i>	QL (60 ea / 30 days)
<i>diltiazem hcl cap er 24hr 120 mg</i>	QL (60 ea / 30 days)
<i>diltiazem hcl cap er 24hr 180 mg</i>	QL (60 ea / 30 days)
<i>diltiazem hcl cap er 24hr 240 mg</i>	QL (60 ea / 30 days)
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	QL (30 ea / 30 days)
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	QL (60 ea / 30 days)
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	QL (30 ea / 30 days)
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	QL (30 ea / 30 days)
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	QL (60 ea / 30 days)
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	QL (60 ea / 30 days)
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	QL (60 ea / 30 days)

DRUG NAME	REQUIREMENTS/LIMITS
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	QL (60 ea / 30 days)
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	QL (60 ea / 30 days)
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	QL (30 ea / 30 days)
<i>diltiazem hcl tab 30 mg</i>	QL (60 ea / 30 days)
<i>diltiazem hcl tab 60 mg</i>	QL (120 ea / 30 days)
<i>diltiazem hcl tab 90 mg</i>	QL (120 ea / 30 days)
<i>diltiazem hcl tab 120 mg</i>	QL (120 ea / 30 days)
<i>felodipine tab er 24hr 2.5 mg</i>	QL (30 ea / 30 days)
<i>felodipine tab er 24hr 5 mg</i>	QL (30 ea / 30 days)
<i>felodipine tab er 24hr 10 mg</i>	QL (60 ea / 30 days)
<i>nifedipine cap 10 mg</i>	QL (120 ea / 30 days); AGE (Max age 64 years)
<i>nifedipine cap 20 mg</i>	QL (120 ea / 30 days); AGE (Max age 64 years)
<i>nifedipine tab er 24hr 30 mg</i>	QL (30 ea / 30 days)
<i>nifedipine tab er 24hr 60 mg</i>	QL (30 ea / 30 days)
<i>nifedipine tab er 24hr 90 mg</i>	QL (60 ea / 30 days)
<i>nifedipine tab er 24hr osmotic release 30 mg</i>	QL (30 ea / 30 days)
<i>nifedipine tab er 24hr osmotic release 60 mg</i>	QL (60 ea / 30 days)
<i>nifedipine tab er 24hr osmotic release 90 mg</i>	QL (60 ea / 30 days)
<i>taztia xt cap 120mg/24</i>	QL (60 ea / 30 days)
<i>taztia xt cap 180mg/24</i>	QL (60 ea / 30 days)
<i>taztia xt cap 240mg/24</i>	QL (60 ea / 30 days)
<i>taztia xt cap 300mg er</i>	QL (60 ea / 30 days)
<i>taztia xt cap 360mg/24</i>	QL (60 ea / 30 days)
<i>tiadylt cap 120mg/24</i>	QL (60 ea / 30 days)
<i>tiadylt cap 180mg/24</i>	QL (60 ea / 30 days)
<i>tiadylt cap 240mg/24</i>	QL (60 ea / 30 days)
<i>tiadylt cap 300mg/24</i>	QL (60 ea / 30 days)
<i>tiadylt cap 360mg/24</i>	QL (60 ea / 30 days)
<i>tiadylt cap 420mg/24</i>	QL (30 ea / 30 days)
<i>verapamil hcl tab 40 mg</i>	QL (120 ea / 30 days)
<i>verapamil hcl tab 80 mg</i>	QL (120 ea / 30 days)
<i>verapamil hcl tab 120 mg</i>	QL (90 ea / 30 days)
<i>verapamil hcl tab er 120 mg</i>	QL (90 ea / 30 days)
<i>verapamil hcl tab er 180 mg</i>	QL (60 ea / 30 days)
<i>verapamil hcl tab er 240 mg</i>	QL (90 ea / 30 days)

DRUG NAME	REQUIREMENTS/LIMITS
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CARDIOTONICS - DRUGS TO TREAT HEART CONDITIONS

CARDIAC GLYCOSIDES

<i>digitek tab 0.25mg</i>	QL (30 ea / 30 days)
<i>digitek tab 0.125mg</i>	QL (30 ea / 30 days)
<i>digox tab 0.25mg</i>	QL (30 ea / 30 days)
<i>digox tab 0.125mg</i>	QL (30 ea / 30 days)
<i>digoxin oral soln 0.05 mg/ml</i>	AGE (Max age 12 years)
<i>digoxin tab 125 mcg (0.125 mg)</i>	QL (30 ea / 30 days)
<i>digoxin tab 250 mcg (0.25 mg)</i>	QL (30 ea / 30 days)

CARDIOVASCULAR AGENTS - MISC. - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS

PROSTAGLANDIN VASODILATORS

REMODYLIN INJ 1MG/ML	SP, PA
REMODYLIN INJ 2.5MG/ML	SP, PA
REMODYLIN INJ 5MG/ML	SP, PA
REMODYLIN INJ 10MG/ML	SP, PA
<i>treprostinil inj soln 20 mg/20ml (1 mg/ml)</i>	SP, PA
<i>treprostinil inj soln 50 mg/20ml (2.5 mg/ml)</i>	SP, PA
<i>treprostinil inj soln 100 mg/20ml (5 mg/ml)</i>	SP, PA
<i>treprostinil inj soln 200 mg/20ml (10 mg/ml)</i>	SP, PA

PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS

<i>ambrisentan tab 5 mg</i>	SP, PA, QL (30 ea / 30 days)
<i>ambrisentan tab 10 mg</i>	SP, PA, QL (30 ea / 30 days)
<i>bosentan tab 62.5 mg</i>	SP, PA, QL (60 ea / 30 days)
<i>bosentan tab 125 mg</i>	SP, PA, QL (60 ea / 30 days)
OPSUMIT TAB 10MG	SP, PA, QL (30 ea / 30 days)
TRACLEER TAB 32MG	SP, PA

PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS

<i>sildenafil citrate tab 20 mg</i>	SP, PA, QL (90 ea / 30 days)
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PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST

UPTRAVI TAB 200MCG	SP, PA, QL (60 ea / 30 days)
UPTRAVI TAB 400MCG	SP, PA, QL (60 ea / 30 days)
UPTRAVI TAB 600MCG	SP, PA, QL (60 ea / 30 days)
UPTRAVI TAB 800MCG	SP, PA, QL (60 ea / 30 days)
UPTRAVI TAB 1000MCG	SP, PA, QL (60 ea / 30 days)
UPTRAVI TAB 1200MCG	SP, PA, QL (60 ea / 30 days)
UPTRAVI TAB 1400MCG	SP, PA, QL (60 ea / 30 days)
UPTRAVI TAB 1600MCG	SP, PA, QL (60 ea / 30 days)

SINUS NODE INHIBITORS

CORLANOR TAB 5MG	PA
CORLANOR TAB 7.5MG	PA

DRUG NAME	REQUIREMENTS/LIMITS
CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS	
CEPHALOSPORINS - 1ST GENERATION	
<i>cefadroxil for susp 250 mg/5ml</i>	AGE (Max age 12 years)
<i>cefadroxil for susp 500 mg/5ml</i>	AGE (Max age 12 years)
<i>cephalexin cap 250 mg</i>	QL (180 ea / 30 days)
<i>cephalexin cap 500 mg</i>	QL (180 ea / 30 days)
<i>cephalexin for susp 125 mg/5ml</i>	AGE (Max age 12 years)
<i>cephalexin for susp 250 mg/5ml</i>	AGE (Max age 12 years)
CEPHALOSPORINS - 2ND GENERATION	
<i>cefprozil for susp 125 mg/5ml</i>	AGE (Max age 12 years)
<i>cefprozil for susp 250 mg/5ml</i>	AGE (Max age 12 years)
<i>cefuroxime axetil tab 250 mg</i>	QL (60 ea / 30 days)
<i>cefuroxime axetil tab 500 mg</i>	QL (60 ea / 30 days)
CEPHALOSPORINS - 3RD GENERATION	
<i>cefdinir cap 300 mg</i>	QL (60 ea / 30 days)
<i>cefdinir for susp 125 mg/5ml</i>	AGE (Max age 12 years)
<i>cefdinir for susp 250 mg/5ml</i>	AGE (Max age 12 years)
CHEMICALS - PRODUCTS FOR DRUG COMPOUNDING	
BULK CHEMICALS - B'S	
BUDESONIDE POW	
BUDESONIDE POW MICRONIZ	
BULK CHEMICALS - E'S	
ETHYL OLEATE LIQ	OTC
BULK CHEMICALS - H'S	
HYDROXYPROG POW CAPROATE	AGE (Min age 16 years and Max age 60 years)
BULK CHEMICALS - P'S	
PROGESTERONE POW MICRONIZ	
LIQUIDS	
BENZYL BENZO LIQ	AGE (Min age 16 years and Max age 60 years)
BENZYL BENZO LIQ	OTC; AGE (Min age 16 years and Max age 60 years)
SESAME OIL	
SESAME OIL	OTC
CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL	
COMBINATION CONTRACEPTIVES - ORAL	
<i>afirmelle tab 0.1-0.02</i>	QL (28 ea / 21 days)
<i>altavera tab</i>	QL (28 ea / 21 days)
<i>alyacen tab 1/35</i>	QL (28 ea / 21 days)
<i>alyacen tab 7/7/7</i>	QL (28 ea / 21 days)

DRUG NAME	REQUIREMENTS/LIMITS
<i>amethia tab</i>	QL (91 ea / 84 days)
<i>apri tab</i>	QL (28 ea / 21 days)
<i>ashlyna tab</i>	QL (91 ea / 84 days)
<i>aubra eq tab 0.1-0.02</i>	QL (28 ea / 21 days)
<i>aubra tab 0.1-0.02</i>	QL (28 ea / 21 days)
<i>aurovela fe tab 1.5/30</i>	QL (28 ea / 21 days)
<i>aurovela fe tab 1/20</i>	QL (28 ea / 21 days)
<i>aurovela tab 1.5/30</i>	QL (28 ea / 21 days)
<i>aurovela tab 1/20</i>	QL (28 ea / 21 days)
<i>aviane tab</i>	QL (28 ea / 21 days)
<i>ayuna tab</i>	QL (28 ea / 21 days)
<i>azurette tab</i>	QL (28 ea / 21 days)
<i>azurette tab 28 day</i>	QL (28 ea / 21 days)
<i>balziva tab</i>	QL (28 ea / 21 days)
<i>blisovi fe tab 1.5/30</i>	QL (28 ea / 21 days)
<i>blisovi fe tab 1/20</i>	QL (28 ea / 21 days)
<i>briellyn tab</i>	QL (28 ea / 21 days)
<i>camrese lo tab</i>	QL (91 ea / 84 days)
<i>camrese tab</i>	QL (91 ea / 84 days)
<i>caziant pak</i>	QL (28 ea / 21 days)
<i>chateal eq tab 0.15/30</i>	QL (28 ea / 21 days)
<i>chateal tab 0.15/30</i>	QL (28 ea / 21 days)
<i>cryselle-28 tab 28 tabs</i>	QL (28 ea / 21 days)
<i>cyclafem tab 1/35</i>	QL (28 ea / 21 days)
<i>cyclafem tab 7/7/7</i>	QL (28 ea / 21 days)
<i>cyred eq tab</i>	QL (28 ea / 21 days)
<i>cyred tab</i>	QL (28 ea / 21 days)
<i>dasetta tab 1/35</i>	QL (28 ea / 21 days)
<i>dasetta tab 7/7/7</i>	QL (28 ea / 21 days)
<i>daysee tab</i>	QL (91 ea / 84 days)
<i>delyla tab 0.1-0.02</i>	QL (28 ea / 21 days)
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	QL (28 ea / 21 days)
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	QL (28 ea / 21 days)
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	QL (28 ea / 21 days)
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	QL (28 ea / 21 days)
<i>elinest tab</i>	QL (28 ea / 21 days)
<i>emoquette tab</i>	QL (28 ea / 21 days)
<i>enpresse-28 tab</i>	QL (28 ea / 21 days)
<i>enskyce tab</i>	QL (28 ea / 21 days)
<i>estarylla tab 0.25-35</i>	QL (28 ea / 21 days)

DRUG NAME	REQUIREMENTS/LIMITS
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	QL (28 ea / 21 days)
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	QL (28 ea / 21 days)
<i>falmina tab</i>	QL (28 ea / 21 days)
<i>femynor tab 0.25-35</i>	QL (28 ea / 21 days)
<i>hailey fe tab 1.5/30</i>	QL (28 ea / 21 days)
<i>hailey fe tab 1/20</i>	QL (28 ea / 21 days)
<i>hailey tab 1.5/30</i>	QL (28 ea / 21 days)
<i>iclevia tab</i>	QL (91 ea / 84 days)
<i>introvale tab</i>	QL (91 ea / 84 days)
<i>isibloom tab</i>	QL (28 ea / 21 days)
<i>jaimiess tab</i>	QL (91 ea / 84 days)
<i>jasmiel tab 3-0.02mg</i>	QL (28 ea / 21 days)
<i>jolessa tab</i>	QL (91 ea / 84 days)
<i>juleber tab</i>	QL (28 ea / 21 days)
<i>junel 1.5/30 tab</i>	QL (28 ea / 21 days)
<i>junel 1/20 tab</i>	QL (28 ea / 21 days)
<i>junel fe tab 1.5/30</i>	QL (28 ea / 21 days)
<i>junel fe tab 1/20</i>	QL (28 ea / 21 days)
<i>kalliga tab</i>	QL (28 ea / 21 days)
<i>kariva tab 28 day</i>	QL (28 ea / 21 days)
<i>kelnor 1/50 tab</i>	QL (28 ea / 21 days)
<i>kelnor tab 1/35</i>	QL (28 ea / 21 days)
<i>kurvelo tab 0.15/30</i>	QL (28 ea / 21 days)
<i>larin fe tab 1.5/30</i>	QL (28 ea / 21 days)
<i>larin fe tab 1/20</i>	QL (28 ea / 21 days)
<i>larin tab 1.5/30</i>	QL (28 ea / 21 days)
<i>larin tab 1/20</i>	QL (28 ea / 21 days)
<i>larissia tab</i>	QL (28 ea / 21 days)
<i>lessina tab</i>	QL (28 ea / 21 days)
<i>levonest tab</i>	QL (28 ea / 21 days)
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	QL (91 ea / 84 days)
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	QL (91 ea / 84 days)
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	QL (91 ea / 84 days)
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	QL (28 ea / 21 days)
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	QL (28 ea / 21 days)
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	QL (28 ea / 21 days)

DRUG NAME	REQUIREMENTS/LIMITS
<i>levora-28 tab 0.15/30</i>	QL (28 ea / 21 days)
<i>lillow tab 0.15/30</i>	QL (28 ea / 21 days)
<i>lo-zumandimi tab 3-0.02mg</i>	QL (28 ea / 21 days)
<i>loestrin 21 tab 1.5/30</i>	QL (28 ea / 21 days)
<i>loestrin fe tab 1.5/30</i>	QL (28 ea / 21 days)
<i>loestrin fe tab 1/20</i>	QL (28 ea / 21 days)
<i>loestrin tab 1/20-21</i>	QL (28 ea / 21 days)
<i>lojaimiess tab</i>	QL (91 ea / 84 days)
<i>loryna tab 3-0.02mg</i>	QL (28 ea / 21 days)
<i>low-ogestrel tab</i>	QL (28 ea / 21 days)
<i>lutera tab</i>	QL (28 ea / 21 days)
<i>marlissa tab 0.15/30</i>	QL (28 ea / 21 days)
<i>microgestin tab 1.5/30</i>	QL (28 ea / 21 days)
<i>microgestin tab 1/20</i>	QL (28 ea / 21 days)
<i>microgestin tab fe1.5/30</i>	QL (28 ea / 21 days)
<i>microgestin tab fe 1/20</i>	QL (28 ea / 21 days)
<i>mili tab 0.25/35</i>	QL (28 ea / 21 days)
<i>mono-linyah tab 0.25-35</i>	QL (28 ea / 21 days)
<i>necon tab 0.5/35</i>	QL (28 ea / 21 days)
<i>nikki tab 3-0.02mg</i>	QL (28 ea / 21 days)
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	QL (28 ea / 21 days)
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	QL (28 ea / 21 days)
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	QL (28 ea / 21 days)
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	QL (28 ea / 21 days)
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	QL (28 ea / 21 days)
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	QL (28 ea / 21 days)
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	QL (28 ea / 21 days)
<i>nortrel tab 0.5/35</i>	QL (28 ea / 21 days)
<i>nortrel tab 1/35</i>	QL (28 ea / 21 days)
<i>nortrel tab 7/7/7</i>	QL (28 ea / 21 days)
<i>nylia tab 1/35</i>	QL (28 ea / 21 days)
<i>nylia tab 7/7/7</i>	QL (28 ea / 21 days)
<i>nymyo tab 0.25-35</i>	QL (28 ea / 21 days)
<i>ocella tab 3-0.03mg</i>	QL (28 ea / 21 days)
<i>orsythia tab</i>	QL (28 ea / 21 days)
<i>philith tab 0.4-35</i>	QL (28 ea / 21 days)

DRUG NAME	REQUIREMENTS/LIMITS
<i>pimtrea tab</i>	QL (28 ea / 21 days)
<i>pirmella tab 1/35</i>	QL (28 ea / 21 days)
<i>pirmella tab 7/7/7</i>	QL (28 ea / 21 days)
<i>portia-28 tab</i>	QL (28 ea / 21 days)
<i>previfem tab</i>	QL (28 ea / 21 days)
<i>reclipsen tab</i>	QL (28 ea / 21 days)
<i>setlakin tab</i>	QL (91 ea / 84 days)
<i>simliya tab 28 day</i>	QL (28 ea / 21 days)
<i>simpesse tab</i>	QL (91 ea / 84 days)
<i>sprintec 28 tab 28 day</i>	QL (28 ea / 21 days)
<i>sronyx tab</i>	QL (28 ea / 21 days)
<i>syeda tab 3-0.03mg</i>	QL (28 ea / 21 days)
<i>tarina fe tab 1/20</i>	QL (28 ea / 21 days)
<i>tarina fe tab 1/20 eq</i>	QL (28 ea / 21 days)
<i>tri femynor tab</i>	QL (28 ea / 21 days)
<i>tri-estaryll tab</i>	QL (28 ea / 21 days)
<i>tri-linyah tab</i>	QL (28 ea / 21 days)
<i>tri-lo tab estaryll</i>	QL (28 ea / 21 days)
<i>tri-lo- tab marzia</i>	QL (28 ea / 21 days)
<i>tri-lo- tab sprintec</i>	QL (28 ea / 21 days)
<i>tri-lo-mili tab</i>	QL (28 ea / 21 days)
<i>tri-mili tab</i>	QL (28 ea / 21 days)
<i>tri-nymyo tab</i>	QL (28 ea / 21 days)
<i>tri-previfem tab</i>	QL (28 ea / 21 days)
<i>tri-sprintec tab</i>	QL (28 ea / 21 days)
<i>tri-vylibra tab</i>	QL (28 ea / 21 days)
<i>tri-vylibra tab lo</i>	QL (28 ea / 21 days)
<i>trivora-28 tab</i>	QL (28 ea / 21 days)
<i>velivet pak</i>	QL (28 ea / 21 days)
<i>vestura tab 3-0.02mg</i>	QL (28 ea / 21 days)
<i>vienva tab 0.1-20</i>	QL (28 ea / 21 days)
<i>viorele tab</i>	QL (28 ea / 21 days)
<i>volnea tab</i>	QL (28 ea / 21 days)
<i>vyfemla tab 0.4-35</i>	QL (28 ea / 21 days)
<i>vylibra tab 0.25-35</i>	QL (28 ea / 21 days)
<i>wera tab 0.5/35</i>	QL (28 ea / 21 days)
<i>zovia 1/35 tab</i>	QL (28 ea / 21 days)
<i>zovia 1/35e tab</i>	QL (28 ea / 21 days)
<i>zumandimine tab 3-0.03mg</i>	QL (28 ea / 21 days)

COMBINATION CONTRACEPTIVES - TRANSDERMAL

<i>xulane dis 150-35</i>	QL (3 ea / 21 days)
<i>zafemy dis 150/35</i>	QL (3 ea / 21 days)

DRUG NAME	REQUIREMENTS/LIMITS
COMBINATION CONTRACEPTIVES - VAGINAL	
<i>eluryng mis</i>	QL (1 ea / 21 days)
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	QL (1 ea / 21 days)
EMERGENCY CONTRACEPTIVES	
<i>aftera tab 1.5mg</i>	QL (12 ea / 292 days), OTC
<i>afterpill tab 1.5mg</i>	QL (12 ea / 292 days), OTC
<i>econtra ez tab 1.5mg</i>	QL (12 ea / 292 days), OTC
<i>econtra os tab 1.5mg</i>	QL (12 ea / 292 days), OTC
ELLA TAB 30MG	QL (12 ea / 292 days)
<i>levonorgestrel tab 1.5 mg</i>	QL (12 ea / 292 days), OTC
<i>my choice tab 1.5mg</i>	QL (12 ea / 292 days), OTC
<i>my way tab 1.5mg</i>	QL (12 ea / 292 days), OTC
<i>new day tab 1.5mg</i>	QL (12 ea / 292 days), OTC
<i>opcicon tab 1.5mg</i>	QL (12 ea / 292 days), OTC
<i>option 2 tab 1.5mg</i>	QL (12 ea / 292 days), OTC
<i>react tab 1.5mg</i>	QL (12 ea / 292 days), OTC
<i>take action tab 1.5mg</i>	QL (12 ea / 292 days), OTC
PROGESTIN CONTRACEPTIVES - INJECTABLE	
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	QL (4 mL / 269 days)
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	QL (4 mL / 269 days)
PROGESTIN CONTRACEPTIVES - IUD	
KYLEENA IUD 19.5MG	QL (1 ea in lifetime)
LILETTA IUD 52MG	QL (1 ea in lifetime)
MIRENA IUD SYSTEM	QL (1 ea in lifetime)
SKYLA IUD 13.5MG	QL (1 ea in lifetime)
PROGESTIN CONTRACEPTIVES - ORAL	
<i>camila tab 0.35mg</i>	QL (28 ea / 21 days)
<i>deblitane tab 0.35mg</i>	QL (28 ea / 21 days)
<i>errin tab 0.35mg</i>	QL (28 ea / 21 days)
<i>heather tab 0.35mg</i>	QL (28 ea / 21 days)
<i>incassia tab 0.35mg</i>	QL (28 ea / 21 days)
<i>jencycla tab 0.35mg</i>	QL (28 ea / 21 days)
<i>lyleq tab 0.35mg</i>	QL (28 ea / 21 days)
<i>lyza tab 0.35mg</i>	QL (28 ea / 21 days)
<i>nora-be tab 0.35mg</i>	QL (28 ea / 21 days)
<i>norethindrone tab 0.35 mg</i>	QL (28 ea / 21 days)
<i>norlyda tab 0.35mg</i>	QL (28 ea / 21 days)
<i>norlyroc tab 0.35mg</i>	QL (28 ea / 21 days)
<i>sharobel tab 0.35mg</i>	QL (28 ea / 21 days)
<i>tulana tab 0.35mg</i>	QL (28 ea / 21 days)

DRUG NAME **REQUIREMENTS/LIMITS**
CORTICOSTEROIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE
GLUCOCORTICOSTEROIDS

<i>budesonide delayed release particles cap 3 mg</i>	
<i>decadron tab 0.5mg</i>	QL (360 ea / 30 days)
<i>decadron tab 0.75mg</i>	QL (300 ea / 30 days)
<i>decadron tab 4mg</i>	QL (300 ea / 30 days)
<i>decadron tab 6mg</i>	QL (300 ea / 30 days)
<i>dexamethasone elixir 0.5 mg/5ml</i>	QL (1800 mL / 30 days)
<i>dexamethasone soln 0.5 mg/5ml</i>	
<i>dexamethasone tab 0.5 mg</i>	QL (360 ea / 30 days)
<i>dexamethasone tab 0.75 mg</i>	QL (300 ea / 30 days)
<i>dexamethasone tab 1 mg</i>	QL (300 ea / 30 days)
<i>dexamethasone tab 1.5 mg</i>	QL (300 ea / 30 days)
<i>dexamethasone tab 2 mg</i>	QL (300 ea / 30 days)
<i>dexamethasone tab 4 mg</i>	QL (300 ea / 30 days)
<i>dexamethasone tab 6 mg</i>	QL (300 ea / 30 days)
<i>hydrocortisone tab 5 mg</i>	QL (720 ea / 30 days)
<i>hydrocortisone tab 10 mg</i>	QL (360 ea / 30 days)
<i>hydrocortisone tab 20 mg</i>	QL (180 ea / 30 days)
<i>methylprednisolone tab 4 mg</i>	QL (360 ea / 30 days)
<i>methylprednisolone tab 8 mg</i>	QL (180 ea / 30 days)
<i>methylprednisolone tab 16 mg</i>	QL (120 ea / 30 days)
<i>methylprednisolone tab 32 mg</i>	QL (60 ea / 30 days)
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	QL (360 ea / 30 days)
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	
<i>prednisolone syrup 15 mg/5ml (usp solution equivalent)</i>	
<i>prednisone oral soln 5 mg/5ml</i>	QL (1800 mL / 30 days)
<i>prednisone tab 1 mg</i>	QL (300 ea / 30 days)
<i>prednisone tab 2.5 mg</i>	QL (240 ea / 30 days)
<i>prednisone tab 5 mg</i>	QL (480 ea / 30 days)
<i>prednisone tab 10 mg</i>	QL (270 ea / 30 days)
<i>prednisone tab 20 mg</i>	QL (180 ea / 30 days)
<i>prednisone tab 50 mg</i>	QL (90 ea / 30 days)
<i>prednisone tab therapy pack 5 mg (21)</i>	
<i>prednisone tab therapy pack 5 mg (48)</i>	
<i>prednisone tab therapy pack 10 mg (21)</i>	
<i>prednisone tab therapy pack 10 mg (48)</i>	

DRUG NAME	REQUIREMENTS/LIMITS
MINERALOCORTICOIDS	
<i>fludrocortisone acetate tab 0.1 mg</i>	QL (150 ea / 30 days)
COUGH/COLD/ALLERGY - DRUGS TO TREAT COUGH, COLD, AND ALLERGY SYMPTOMS	
ANTITUSSIVES	
<i>benzonatate cap 100 mg</i>	QL (180 ea / 30 days)
<i>benzonatate cap 200 mg</i>	QL (150 ea / 30 days)
<i>cough relief liq 15mg/5ml</i>	OTC
<i>hydrocodone w/ homatropine syrup 5-1.5 mg/5ml</i>	QL (1800 mL / 30 days); AGE (Min age 18 years)
<i>hydromet syp 5-1.5/5</i>	QL (1800 mL / 30 days); AGE (Min age 18 years)
COUGH/COLD/ALLERGY COMBINATIONS	
<i>all day alrg tab 5-120mg</i>	QL (60 ea / 30 days), OTC; AGE (Min age 4 years)
<i>aller/conges tab 10-240mg</i>	QL (30 ea / 30 days), OTC
<i>allergy d tab 5-120mg</i>	QL (60 ea / 30 days), OTC; AGE (Min age 4 years)
<i>allergy rel/ tab deconges</i>	QL (30 ea / 30 days), OTC
<i>allergy relf tab 5-120mg</i>	QL (60 ea / 30 days), OTC; AGE (Min age 4 years)
<i>allergy relf tab d-24</i>	QL (30 ea / 30 days), OTC
<i>allergy relf tab deconges</i>	QL (30 ea / 30 days), OTC
<i>allergy-d tab 5-120mg</i>	QL (60 ea / 30 days), OTC; AGE (Min age 4 years)
<i>allergy-d tab 12 hour</i>	OTC
<i>allergy/cong tab 5-120mg</i>	QL (60 ea / 30 days), OTC
<i>allgy comp-d tab 5-120mg</i>	QL (60 ea / 30 days), OTC; AGE (Min age 4 years)
<i>allrgy d-12 tab 5-120mg</i>	QL (60 ea / 30 days), OTC
<i>allrgy rlf-d tab 10-240mg</i>	QL (30 ea / 30 days), OTC
<i>antihistamin tab 60-120mg</i>	OTC
<i>aprodine tab 2.5-60mg</i>	OTC
<i>cetirizine-pseudoephedrine tab er 12hr 5-120 mg</i>	QL (60 ea / 30 days), OTC; AGE (Min age 4 years)
<i>chest conges syp rel dm</i>	QL (180 mL / 25 days), OTC
<i>chest conges tab 20-400mg</i>	OTC
<i>chest conges tab relf dm</i>	OTC
<i>cold & sinus tab 30-200mg</i>	OTC
<i>cold & sinus tab relief</i>	OTC
<i>cold head tab congesti</i>	OTC
<i>cold max tab 10/5/325</i>	OTC

DRUG NAME	REQUIREMENTS/LIMITS
<i>cold/allergy elx children</i>	QL (480 mL / 25 days), OTC
<i>cold/flu cap daytime</i>	OTC
<i>cold/flu liq daytime</i>	OTC
<i>cold/flu rel cap daytime</i>	OTC
<i>cough/chest syp dm</i>	QL (180 mL / 25 days), OTC
<i>day cold/flu liq 10-5-325</i>	OTC
<i>daytime cold cap flu</i>	OTC
<i>delsym cough liq congs dm</i>	OTC
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml</i>	QL (240 mL / 25 days), OTC
<i>dextromethorphan-guaifenesin syrup 10-100 mg/5ml</i>	QL (180 mL / 25 days), OTC
<i>dextromethorphan-guaifenesin tab er 12hr 60-1200 mg</i>	OTC
DRIXORAL CLD TAB /ALLERGY	OTC
<i>ed a-hist tab 4-10mg</i>	OTC
<i>fexofen/pse tab 60-120mg</i>	OTC
<i>fexofenadine-pseudoephedrine tab er 24hr 180-240 mg</i>	OTC
<i>flu/cold/cgh pow daytime</i>	OTC
<i>gnp cld max tab daytime</i>	OTC
<i>gnp day time cap cold/flu</i>	OTC
<i>gnp mucus liq rlf dm</i>	OTC
<i>gnp tussin liq dm</i>	QL (240 mL / 25 days), OTC
<i>gnp tussin liq dm cough</i>	QL (240 mL / 25 days), OTC
<i>guaiatuss ac syp 100-10/5</i>	QL (1800 mL / 30 days), OTC; AGE (Min age 18 years)
<i>guaifenesin syp 100-10/5</i>	QL (1800 mL / 30 days), OTC; AGE (Min age 18 years)
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	QL (1800 mL / 30 days), OTC; AGE (Min age 18 years)
<i>hm daytime liq cold/flu</i>	OTC
<i>hm mucus dm tab 60-1200</i>	OTC
<i>hm mucus rel liq cgh chld</i>	OTC
<i>hm tussin liq adlt dm</i>	QL (240 mL / 25 days), OTC
<i>12hr allergy tab 60-120mg</i>	OTC
<i>intense coug liq reliever</i>	OTC
<i>lorata-dine tab d 24hr</i>	QL (30 ea / 30 days), OTC
<i>loratadine d tab 5-120mg</i>	QL (60 ea / 30 days), OTC
<i>loratadine-d tab 5-120mg</i>	QL (60 ea / 30 days), OTC
<i>loratadine-d tab 10-240mg</i>	QL (30 ea / 30 days), OTC
<i>mapap cold tab 10-5-325</i>	OTC
<i>maxi-tuss ac sol</i>	QL (1800 mL / 30 days), OTC; AGE (Min age 18 years)

DRUG NAME	REQUIREMENTS/LIMITS
<i>maxi-tuss g liq</i>	QL (240 mL / 25 days), OTC
<i>maxi-tuss liq gmx</i>	QL (240 mL / 25 days), OTC
<i>muc/cgh relf liq 5-100mg</i>	OTC
MUCINEX CGH GRA 5-100MG	OTC
<i>mucinex cgh liq 5-100mg</i>	OTC
<i>mucinex cong cap headache</i>	OTC
<i>mucinex dm liq 20-400</i>	OTC
<i>mucinex dm liq max str</i>	OTC
<i>mucinex liq freeform</i>	OTC
<i>mucinex max cap 10/5/325</i>	OTC
<i>mucus d tab 60-600mg</i>	QL (120 ea / 30 days), OTC; AGE (Min age 4 years)
<i>mucus dm tab 60-1200</i>	OTC
<i>mucus rel dm liq</i>	OTC
<i>mucus rel dm liq 5-100/5</i>	OTC
<i>mucus rel dm liq 20-400mg</i>	OTC
<i>mucus relief liq 5-100mg</i>	OTC
<i>mucus relief tab 30-600er</i>	QL (60 ea / 30 days), OTC
<i>mucus relief tab 60-1200</i>	OTC
<i>mucus relief tab dm</i>	OTC
<i>mucus rlf dm liq 20-400mg</i>	OTC
<i>mucus-dm max tab 60-1200</i>	OTC
<i>mucus-dm tab 30-600mg</i>	QL (60 ea / 30 days), OTC
<i>mucus/cough liq 5-100mg</i>	OTC
<i>nohist-lq liq 4-10/5ml</i>	OTC
<i>prometh vc syp 6.25-5/5</i>	QL (1800 mL / 30 days); AGE (Max age 64 years)
<i>prometh vc/ syp codeine</i>	QL (1800 mL / 30 days); AGE (Min age 18 years and Max age 64 years)
<i>promethazine & phenylephrine syrup 6.25-5 mg/5ml</i>	QL (1800 mL / 30 days); AGE (Max age 64 years)
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	QL (240 mL / 25 days); AGE (Min age 18 years and Max age 64 years)
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	QL (180 mL / 25 days); AGE (Min age 4 years and Max age 64 years)
<i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</i>	QL (1800 mL / 30 days); AGE (Min age 18 years and Max age 64 years)
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	QL (1800 mL / 30 days)

DRUG NAME	REQUIREMENTS/LIMITS
<i>pseudoephedrine-guaifenesin tab er 12hr 60-600 mg</i>	QL (120 ea / 30 days), OTC; AGE (Min age 4 years)
<i>qc cold/cgh pow daytime</i>	OTC
<i>qc daytime cap cold/flu</i>	OTC
<i>qc daytime liq cold/flu</i>	OTC
<i>qc ibuprofen tab cold/sin</i>	OTC
<i>qc medifin tab dm</i>	OTC
<i>robafen dm liq 10-100/5</i>	QL (240 mL / 25 days), OTC
<i>robafen dm liq 10-100mg</i>	QL (240 mL / 25 days), OTC
<i>robafen dm liq cough</i>	QL (240 mL / 25 days), OTC
<i>rynex pe elx</i>	OTC
<i>rynex pse liq</i>	QL (480 mL / 25 days), OTC
<i>siltussin dm liq das</i>	QL (240 mL / 25 days), OTC
<i>siltussin-dm syp alc free</i>	QL (180 mL / 25 days), OTC
<i>sm cold tab alrgy pe</i>	OTC
<i>sm day time liq cold/flu</i>	OTC
<i>sm daytime cap 10-5-325</i>	OTC
<i>sm tussin dm liq 5-100/5</i>	OTC
<i>sm tussin dm syp 100-10/5</i>	QL (180 mL / 25 days), OTC
<i>sm tussin syp dm</i>	QL (180 mL / 25 days), OTC
<i>tab tussin tab dm</i>	OTC
<i>tusnel diabt liq 10-100/5</i>	QL (240 mL / 25 days), OTC
<i>tussin adult liq cgh/cong</i>	QL (240 mL / 25 days), OTC
<i>tussin dm liq</i>	QL (240 mL / 25 days), OTC
<i>tussin dm liq 5-100mg</i>	OTC
<i>tussin dm liq 10-100/5</i>	QL (240 mL / 25 days), OTC
<i>tussin dm liq 10-100mg</i>	QL (240 mL / 25 days), OTC
<i>tussin dm liq 20-400mg</i>	OTC
<i>tussin dm liq 100-10/5</i>	QL (240 mL / 25 days), OTC
<i>tussin dm mx liq</i>	OTC
<i>tussin dm syp 100-10/5</i>	QL (180 mL / 25 days), OTC
<i>virtussin ac liq 100-10/5</i>	QL (1800 mL / 30 days), OTC; AGE (Min age 18 years)
<i>virtussin ac sol 100-10/5</i>	QL (1800 mL / 30 days), OTC; AGE (Min age 18 years)

EXPECTORANTS

<i>chest conges syp 100/5ml</i>	OTC; AGE (Min age 4 years)
<i>chest conges tab 400mg</i>	OTC; AGE (Min age 4 years)
<i>coughtab tab 200mg</i>	OTC; AGE (Min age 4 years)
<i>gnp mucus er tab 600mg</i>	QL (60 ea / 30 days), OTC
<i>guaifenesin liquid 100 mg/5ml</i>	OTC; AGE (Min age 4 years)
<i>guaifenesin tab 200 mg</i>	OTC; AGE (Min age 4 years)

DRUG NAME	REQUIREMENTS/LIMITS
<i>medifin 400 tab 400mg</i>	OTC; AGE (Min age 4 years)
<i>mucinex fast liq cst cong</i>	OTC; AGE (Min age 4 years)
<i>mucus relief liq 100/5ml</i>	OTC; AGE (Min age 4 years)
<i>mucus relief tab 200mg</i>	OTC; AGE (Min age 4 years)
<i>mucus relief tab 400mg</i>	OTC; AGE (Min age 4 years)
<i>mucus relief tab 600mg er</i>	QL (60 ea / 30 days), OTC
<i>mucus+chst liq 100/5ml</i>	OTC; AGE (Min age 4 years)
<i>qc medifin liq mucus rl</i>	OTC; AGE (Min age 4 years)
<i>robafen liq 200/10ml</i>	OTC; AGE (Min age 4 years)
<i>siltussin sa syp 100/5ml</i>	OTC; AGE (Min age 4 years)
<i>sm mucus rel tab 600mg er</i>	QL (60 ea / 30 days), OTC
<i>tab tussin tab 400mg</i>	OTC; AGE (Min age 4 years)
<i>tusnel-ex liq 100/5ml</i>	OTC; AGE (Min age 4 years)
<i>tussin adult liq 100/5ml</i>	OTC; AGE (Min age 4 years)
<i>tussin chest syp 100/5ml</i>	OTC; AGE (Min age 4 years)
<i>tussin mucus liq 100/5ml</i>	OTC; AGE (Min age 4 years)

MISC. RESPIRATORY INHALANTS

<i>sodium chloride soln nebu 0.9%</i>	
<i>sodium chloride soln nebu 3%</i>	
<i>sodium chloride soln nebu 7%</i>	

MUCOLYTICS

<i>acetylcysteine inhal soln 20%</i>	QL (3600 mL / 30 days)
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DERMATOLOGICALS - DRUGS TO TREAT SKIN CONDITIONS

ACNE PRODUCTS

<i>accutane cap 10mg</i>	PA
<i>accutane cap 20mg</i>	PA
<i>accutane cap 30mg</i>	PA
<i>accutane cap 40mg</i>	PA
<i>acne medicat gel 2.5%</i>	QL (60 gm / 25 days), OTC
<i>acne medicat gel 5%</i>	OTC
<i>acne medicat gel 10%</i>	OTC
ACNE MEDICAT LOT 5%	OTC
ACNE MEDICAT LOT 10%	OTC; Benzoyl Peroxide
<i>adapalene gel 0.1%</i>	QL (45 gm / 25 days), OTC
<i>amneesteem cap 10mg</i>	PA
<i>amneesteem cap 20mg</i>	PA
<i>amneesteem cap 40mg</i>	PA

DRUG NAME	REQUIREMENTS/LIMITS
<i>avita cre 0.025%</i>	ST, PA, QL (45 gm / 25 days); Requires trial of clindamycin soln AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC; AGE (Max age 35 years)
<i>avita gel 0.025%</i>	ST, PA, QL (45 gm / 25 days); Requires trial of clindamycin soln AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC; AGE (Max age 35 years)
<i>benzoyl per liq 5% wash</i>	QL (240 mL / 25 days), OTC
<i>benzoyl per liq 10% wash</i>	QL (240 mL / 25 days), OTC
<i>benzoyl peroxide gel 2.5%</i>	QL (60 gm / 25 days), OTC
<i>benzoyl peroxide gel 5%</i>	OTC
<i>benzoyl peroxide gel 10%</i>	OTC
<i>claravis cap 10mg</i>	PA
<i>claravis cap 20mg</i>	PA
<i>claravis cap 30mg</i>	PA
<i>claravis cap 40mg</i>	PA
<i>clindamycin phosphate gel 1%</i>	ST, QL (60 mL / 25 days); Requires trial of clindamycin soln AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC
<i>clindamycin phosphate lotion 1%</i>	ST, QL (300 mL / 30 days); Requires trial of clindamycin soln AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC
<i>clindamycin phosphate soln 1%</i>	QL (60 mL / 25 days)
<i>DIFFERIN GEL 0.1%</i>	QL (45 gm / 25 days), OTC
<i>erythromycin soln 2%</i>	QL (450 mL / 30 days)
<i>isotretinoin cap 10 mg</i>	PA
<i>isotretinoin cap 20 mg</i>	PA
<i>isotretinoin cap 30 mg</i>	PA
<i>isotretinoin cap 40 mg</i>	PA
<i>myorisan cap 10mg</i>	PA
<i>myorisan cap 20mg</i>	PA
<i>myorisan cap 30mg</i>	PA

DRUG NAME	REQUIREMENTS/LIMITS
<i>myorisan cap 40mg</i>	PA
<i>sulfacetamide sodium lotion 10% (acne)</i>	PA, QL (118 mL / 25 days)
<i>tretinoin cream 0.1%</i>	ST, PA, QL (45 gm / 25 days); Requires trial of clindamycin soln AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC; AGE (Max age 35 years)
<i>tretinoin cream 0.05%</i>	ST, PA, QL (45 gm / 25 days); Requires trial of clindamycin soln AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC; AGE (Max age 35 years)
<i>tretinoin cream 0.025%</i>	ST, PA, QL (45 gm / 25 days); Requires trial of clindamycin soln AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC; AGE (Max age 35 years)
<i>tretinoin gel 0.01%</i>	ST, PA, QL (45 gm / 25 days); Requires trial of clindamycin soln AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC; AGE (Max age 35 years)
<i>tretinoin gel 0.025%</i>	ST, PA, QL (45 gm / 25 days); Requires trial of clindamycin soln AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC; AGE (Max age 35 years)
<i>zenatane cap 10mg</i>	PA
<i>zenatane cap 20mg</i>	PA
<i>zenatane cap 30mg</i>	PA
<i>zenatane cap 40mg</i>	PA

ANTI-INFLAMMATORY AGENTS - TOPICAL

<i>arthr pain gel 1%</i>	QL (200 gm / 25 days), OTC
<i>diclofenac sodium gel 1%</i>	QL (200 gm / 25 days), OTC

DRUG NAME	REQUIREMENTS/LIMITS
<i>goodsense gel art pain</i>	QL (200 gm / 25 days), OTC
<i>qc diclofena gel 1%</i>	QL (200 gm / 25 days), OTC
VOLTAREN GEL 1%	QL (200 gm / 25 days), OTC

ANTIBIOTICS - TOPICAL

<i>bacitracin oin 500/gm</i>	OTC
<i>bacitracin oint 500 unit/gm</i>	OTC
<i>bacitracin zinc oint 500 unit/gm</i>	OTC
<i>double antib oin</i>	OTC
<i>double oin antibiot</i>	OTC
<i>first aid oin antibiot</i>	OTC
<i>gentamicin sulfate cream 0.1%</i>	QL (30 gm / 25 days)
<i>gentamicin sulfate oint 0.1%</i>	QL (30 gm / 25 days)
<i>gnp triple oin antibiot</i>	OTC
<i>hm triple oin antibiot</i>	OTC
<i>mupirocin oint 2%</i>	QL (44 gm / 25 days)
<i>poly bacitra oin</i>	OTC
<i>sm antibioti oin 500/gm</i>	OTC
<i>sm triple oin antibiot</i>	OTC
<i>triple antib oin</i>	OTC
<i>triple antib oin max st</i>	OTC
<i>triple antib oin pain rlf</i>	OTC
<i>triple antib oin plus</i>	OTC

ANTIFUNGALS - TOPICAL

<i>anti-fungal pow 1%</i>	QL (67.5 gm / 30 days), OTC
<i>antifungal cre 1%</i>	QL (60 gm / 30 days), OTC
<i>antifungal cre 2%</i>	QL (150 gm / 25 days), OTC
<i>antifungal pow 2%</i>	QL (90 gm / 30 days), OTC
<i>athlete foot aer 2%</i>	QL (133 gm / 30 days), OTC
<i>athlete foot cre 1%</i>	QL (30 gm / 25 days), OTC
<i>athlete foot cre 1%</i>	QL (60 gm / 30 days), OTC
<i>athletes ft aer 1% pow</i>	QL (133 gm / 30 days), OTC
<i>ciclodan sol 8%</i>	QL (6.6 mL / 25 days)
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	QL (180 gm / 30 days)
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	QL (60 mL / 25 days)
<i>ciclopirox solution 8%</i>	QL (6.6 mL / 25 days)
<i>clotrimazole cre 1%</i>	QL (60 gm / 30 days), OTC
<i>clotrimazole cream 1%</i>	QL (60 gm / 30 days)
<i>clotrimazole soln 1%</i>	QL (60 mL / 30 days)
<i>clotrimazole soln 1%</i>	QL (60 mL / 30 days), OTC
<i>ketoconazole cream 2%</i>	QL (60 gm / 25 days)
<i>ketoconazole shampoo 2%</i>	QL (120 mL / 25 days)
<i>miconazole nitrate cream 2%</i>	QL (150 gm / 25 days), OTC

DRUG NAME	REQUIREMENTS/LIMITS
<i>miconazorb pow af 2%</i>	QL (90 gm / 30 days), OTC
<i>micotrin ac cre 1%</i>	QL (60 gm / 30 days), OTC
<i>micotrin al liq 1%</i>	QL (151 mL / 30 days), OTC
<i>micotrin ap pow 2%</i>	QL (90 gm / 30 days), OTC
<i>mycozyl ac cre 1%</i>	QL (60 gm / 30 days), OTC
<i>mycozyl ap pow 2%</i>	QL (90 gm / 30 days), OTC
<i>myozyl al sol 1%</i>	QL (151 mL / 30 days), OTC
<i>nyamyc pow 100000</i>	QL (30 gm / 25 days)
<i>nystatin cream 100000 unit/gm</i>	QL (90 gm / 25 days)
<i>nystatin oint 100000 unit/gm</i>	QL (90 gm / 25 days)
<i>nystatin topical powder 100000 unit/gm</i>	QL (30 gm / 25 days)
<i>nystop pow 100000</i>	QL (30 gm / 25 days)
<i>sm antifungl cre 1%</i>	QL (60 gm / 30 days), OTC
<i>sm antifungl cre 2%</i>	QL (150 gm / 25 days), OTC
<i>terbinafine cre 1%</i>	QL (30 gm / 25 days), OTC
<i>tolnaftate cream 1%</i>	QL (60 gm / 30 days), OTC
<i>tolnaftate powder 1%</i>	QL (67.5 gm / 30 days), OTC

ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL

fluorouracil cream 5%

ANTIPSORIATICS

<i>calcipotriene cream 0.005%</i>	PA
<i>calcipotriene oint 0.005%</i>	PA
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	PA
<i>calcitrene oin 0.005%</i>	PA
COSENTYX INJ 75MG/0.5	SP, PA
COSENTYX INJ 150MG/ML	SP, PA
COSENTYX INJ 300DOSE	SP, PA
COSENTYX PEN INJ 150MG/ML	SP, PA
COSENTYX PEN INJ 300DOSE	SP, PA

ANTISEBORRHEIC PRODUCTS

<i>anti-dandruff sha 1%</i>	OTC
<i>dandruff sha 1%</i>	OTC
<i>selenium sulfide lotion 2.5%</i>	

ANTIVIRALS - TOPICAL

<i>acyclovir oint 5%</i>	PA
<i>docosanol cream 10%</i>	QL (2 gm / 15 days), OTC
<i>hm docosan cre 10%</i>	QL (2 gm / 15 days), OTC

BURN PRODUCTS

<i>silver sulfadiazine cream 1%</i>	
<i>ssd cre 1%</i>	

CORTICOSTEROIDS - TOPICAL

<i>alclometasone dipropionate cream 0.05%</i>	QL (60 gm / 25 days)
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DRUG NAME	REQUIREMENTS/LIMITS
<i>alclometasone dipropionate oint 0.05%</i>	QL (60 gm / 25 days)
<i>anti-itch cre 1%</i>	QL (60 gm / 25 days), OTC
<i>anti-itch oin 1%</i>	QL (60 gm / 25 days), OTC
<i>aquanil hc lot 1%</i>	OTC
<i>betamethasone dipropionate augmented cream 0.05%</i>	QL (50 gm / 25 days)
<i>betamethasone dipropionate augmented gel 0.05%</i>	QL (50 gm / 25 days)
<i>betamethasone dipropionate augmented lotion 0.05%</i>	QL (60 mL / 25 days)
<i>betamethasone dipropionate augmented oint 0.05%</i>	QL (50 gm / 25 days)
<i>betamethasone dipropionate cream 0.05%</i>	QL (60 gm / 25 days)
<i>betamethasone dipropionate lotion 0.05%</i>	QL (60 mL / 25 days)
<i>betamethasone dipropionate oint 0.05%</i>	QL (45 gm / 25 days)
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	QL (45 gm / 25 days)
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	QL (60 mL / 25 days)
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	QL (45 gm / 25 days)
<i>clobetasol propionate soln 0.05%</i>	QL (50 mL / 25 days)
<i>desonide cream 0.05%</i>	ST, QL (60 gm / 25 days); Requires trial of 3 preferred low potency steroids
<i>desonide oint 0.05%</i>	QL (60 gm / 25 days)
<i>fluocinolone acetonide cream 0.025%</i>	QL (60 gm / 25 days)
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	QL (120 mL / 25 days)
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	QL (120 mL / 25 days)
<i>fluocinolone acetonide oint 0.025%</i>	QL (60 gm / 25 days)
<i>fluocinonide cream 0.05%</i>	QL (60 gm / 25 days)
<i>fluocinonide emulsified base cream 0.05%</i>	QL (60 gm / 25 days)
<i>fluocinonide gel 0.05%</i>	QL (60 gm / 25 days)
<i>fluocinonide oint 0.05%</i>	ST, QL (60 gm / 25 days); Requires prior use of Mometasone and Fluocinolone Cream
<i>fluocinonide soln 0.05%</i>	QL (60 mL / 25 days)
<i>fluticasone propionate cream 0.05%</i>	QL (60 gm / 25 days)
<i>fluticasone propionate oint 0.005%</i>	QL (60 gm / 25 days)
<i>gnp hydrocor cre 1% plus</i>	QL (60 gm / 25 days), OTC
<i>halobetasol propionate cream 0.05%</i>	QL (50 gm / 25 days)
<i>halobetasol propionate oint 0.05%</i>	QL (50 gm / 25 days)
<i>HC/ALOE CRE 0.5%</i>	OTC
<i>hm hydrocort cre 1% plus</i>	OTC
<i>hydrocort cre 1%</i>	QL (60 gm / 25 days), OTC

DRUG NAME	REQUIREMENTS/LIMITS
<i>hydrocort cre 1% aloe</i>	OTC
<i>hydrocort oin 1%</i>	QL (60 gm / 25 days), OTC
<i>hydrocort/ cre aloe 1%</i>	OTC
<i>hydrocortisone acetate cream 1%</i>	OTC
<i>hydrocortisone cream 0.5%</i>	QL (60 gm / 25 days), OTC
<i>hydrocortisone cream 1%</i>	QL (60 gm / 25 days)
<i>hydrocortisone cream 2.5%</i>	QL (60 gm / 25 days)
<i>hydrocortisone lotion 2.5%</i>	QL (60 mL / 25 days)
<i>hydrocortisone oint 0.5%</i>	QL (60 gm / 25 days), OTC
<i>hydrocortisone oint 1%</i>	QL (60 gm / 25 days)
<i>hydrocortisone oint 2.5%</i>	QL (60 gm / 25 days)
<i>mometasone furoate cream 0.1%</i>	QL (45 gm / 25 days)
<i>mometasone furoate oint 0.1%</i>	QL (45 gm / 25 days)
<i>mometasone furoate solution 0.1% (lotion)</i>	QL (60 mL / 25 days)
<i>sarnol-hc lot 1%</i>	OTC
<i>sm hydrocort cre 1%</i>	QL (60 gm / 25 days), OTC
<i>sm hydrocort cre 1% plus</i>	OTC
<i>sm hydrocort oin 1%</i>	QL (60 gm / 25 days), OTC
TRIAMCINOLON POW ACETONID	
<i>triamcinolone acetonide cream 0.1%</i>	
<i>triamcinolone acetonide cream 0.5%</i>	
<i>triamcinolone acetonide cream 0.025%</i>	
<i>triamcinolone acetonide lotion 0.1%</i>	
<i>triamcinolone acetonide lotion 0.025%</i>	
<i>triamcinolone acetonide oint 0.1%</i>	
<i>triamcinolone acetonide oint 0.5%</i>	
<i>triamcinolone acetonide oint 0.025%</i>	
EMOLLIENTS	
<i>amlactin lot daily</i>	QL (225 gm / 25 days), OTC
<i>lactic acid (ammonium lactate) cream 12%</i>	QL (280 gm / 25 days)
<i>lactic acid (ammonium lactate) cream 12%</i>	QL (280 gm / 25 days), OTC
<i>lactic acid (ammonium lactate) lotion 12%</i>	QL (225 gm / 25 days)
<i>lactic acid (ammonium lactate) lotion 12%</i>	QL (225 gm / 25 days), OTC
IMMUNOMODULATING AGENTS - TOPICAL	
<i>imiquimod cream 5%</i>	PA, QL (24 ea / 25 days)
IMMUNOSUPPRESSIVE AGENTS - TOPICAL	
<i>pimecrolimus cream 1%</i>	PA, QL (60 gm / 30 days)
<i>tacrolimus oint 0.1%</i>	PA, QL (30 gm / 25 days)
<i>tacrolimus oint 0.03%</i>	PA, QL (30 gm / 25 days)
KERATOLYTIC/ANTIMITOTIC AGENTS	
<i>podofilox soln 0.5%</i>	QL (7 mL / 180 days)

DRUG NAME	REQUIREMENTS/LIMITS
LOCAL ANESTHETICS - TOPICAL	
<i>arth pain cre 0.075%</i>	OTC
<i>capsaicin cream 0.1%</i>	OTC
<i>capsaicin cream 0.025%</i>	OTC
CIRCATA CRE 0.05%	OTC
CIRCATRIX CRE 0.05%	OTC
<i>dermacinrx cre penetral</i>	OTC
<i>dibucaine oint 1%</i>	OTC
<i>glydo gel 2%</i>	
<i>gnp lidocain pad 4%</i>	QL (120 ea / 30 days), OTC
<i>hm lidocaine pad 4%</i>	QL (120 ea / 30 days), OTC
<i>lidocaine cream 4%</i>	OTC
<i>lidocaine hcl soln 4%</i>	
<i>lidocaine hcl urethral/mucosal gel 2%</i>	
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	
<i>lidocaine pa pad 4%</i>	QL (120 ea / 30 days), OTC
<i>lidocaine pad relievin</i>	QL (120 ea / 30 days), OTC
<i>lidocaine patch 5%</i>	PA
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	QL (60 gm / 25 days)
<i>qc lidocaine pad rlf 4%</i>	QL (120 ea / 30 days), OTC
MISC. TOPICAL	
DRYSOL SOL 20%	
<i>minerin cre</i>	OTC
ROSACEA AGENTS	
<i>metronidazole cream 0.75%</i>	
<i>metronidazole gel 0.75%</i>	Generic Metrogel
<i>metronidazole lotion 0.75%</i>	
<i>rosadan cre 0.75%</i>	
<i>rosadan gel 0.75%</i>	Generic Metrogel
SCABICIDES & PEDICULICIDES	
<i>crotan lot 10%</i>	PA
<i>lice killing sha</i>	OTC; Generic RID
<i>lice killing sha 0.33-4%</i>	OTC; Generic RID
<i>lice treatmt liq 1%</i>	OTC; Generic NIX
<i>lice treatmt lot 1%</i>	OTC
<i>lice treatmt sha 0.33-4%</i>	OTC; Generic RID
<i>lice trtmnt liq 1%</i>	OTC; Generic NIX
<i>lice/bedbug spr dust mit</i>	OTC; Generic RID
<i>malathion lotion 0.5%</i>	QL (59 mL / 25 days)
<i>permethrin cream 5%</i>	
<i>sm bedding aer lice</i>	OTC; Generic RID

DRUG NAME**REQUIREMENTS/LIMITS***spinosad susp 0.9%*

QL (120 mL / 25 days)

DIAGNOSTIC PRODUCTS - PRODUCTS FOR DIAGNOSIS**DIAGNOSTIC DRUGS**

THYROGEN INJ 0.9MG

PA, QL (2 ea / 180 days)

DIAGNOSTIC TESTS

CHEMSTRIP K TES

OTC

KETONE TES

OTC

KETONE TEST TES

OTC

KETOSTIX TES STRIP

OTC

RELION TES KETONE

OTC

RELION TRUE TES METRIX

OTC; Max of #100/month for non-insulin users. Max of #200/month for insulin users and pregnant members filling prenatal vitamins

TRUE METRIX TES GLUCOSE

OTC; Max of #100/month for non-insulin users. Max of #200/month for insulin users and pregnant members filling prenatal vitamins

DIGESTIVE AIDS - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS**DIGESTIVE ENZYMES**

CREON CAP 3000UNIT

QL (180 ea / 30 days)

CREON CAP 6000UNIT

QL (180 ea / 30 days)

CREON CAP 12000UNT

QL (180 ea / 30 days)

CREON CAP 24000UNT

QL (180 ea / 30 days)

CREON CAP 36000UNT

QL (180 ea / 30 days)

VIOKACE TAB 10440

VIOKACE TAB 20880

ZENPEP CAP 3000UNIT

QL (180 ea / 30 days)

ZENPEP CAP 5000UNIT

QL (180 ea / 30 days)

ZENPEP CAP 15000UNT

QL (180 ea / 30 days)

ZENPEP CAP 20000UNT

QL (180 ea / 30 days)

ZENPEP CAP 25000

QL (180 ea / 30 days)

ZENPEP CAP 40000

QL (180 ea / 30 days)

DIURETICS - DRUGS TO TREAT HEART CONDITIONS**CARBONIC ANHYDRASE INHIBITORS***acetazolamide cap er 12hr 500 mg*

QL (120 ea / 30 days)

acetazolamide tab 125 mg

QL (120 ea / 30 days)

acetazolamide tab 250 mg

QL (120 ea / 30 days)

DRUG NAME	REQUIREMENTS/LIMITS
DIURETIC COMBINATIONS	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	QL (60 ea / 30 days)
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	QL (120 ea / 30 days)
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	QL (60 ea / 30 days)
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	QL (120 ea / 30 days)
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	QL (120 ea / 30 days)
LOOP DIURETICS	
<i>bumetanide tab 0.5 mg</i>	QL (60 ea / 30 days)
<i>bumetanide tab 1 mg</i>	QL (60 ea / 30 days)
<i>bumetanide tab 2 mg</i>	QL (150 ea / 30 days)
<i>furosemide oral soln 8 mg/ml</i>	AGE (Max age 12 years)
<i>furosemide oral soln 10 mg/ml</i>	AGE (Max age 12 years)
<i>furosemide tab 20 mg</i>	QL (180 ea / 30 days)
<i>furosemide tab 40 mg</i>	QL (180 ea / 30 days)
<i>furosemide tab 80 mg</i>	QL (180 ea / 30 days)
<i>toremide tab 5 mg</i>	QL (60 ea / 30 days)
<i>toremide tab 10 mg</i>	QL (120 ea / 30 days)
<i>toremide tab 20 mg</i>	QL (120 ea / 30 days)
<i>toremide tab 100 mg</i>	QL (60 ea / 30 days)
POTASSIUM SPARING DIURETICS	
<i>amiloride hcl tab 5 mg</i>	QL (120 ea / 30 days)
<i>spironolactone tab 25 mg</i>	QL (240 ea / 30 days)
<i>spironolactone tab 50 mg</i>	QL (120 ea / 30 days)
<i>spironolactone tab 100 mg</i>	QL (60 ea / 30 days)
THIAZIDES AND THIAZIDE-LIKE DIURETICS	
<i>chlorthalidone tab 25 mg</i>	QL (120 ea / 30 days)
<i>chlorthalidone tab 50 mg</i>	QL (120 ea / 30 days)
<i>hydrochlorothiazide cap 12.5 mg</i>	QL (60 ea / 30 days)
<i>hydrochlorothiazide tab 25 mg</i>	QL (240 ea / 30 days)
<i>hydrochlorothiazide tab 50 mg</i>	QL (120 ea / 30 days)
<i>indapamide tab 1.25 mg</i>	QL (60 ea / 30 days)
<i>indapamide tab 2.5 mg</i>	QL (60 ea / 30 days)
<i>metolazone tab 2.5 mg</i>	QL (120 ea / 30 days)
<i>metolazone tab 5 mg</i>	QL (120 ea / 30 days)
<i>metolazone tab 10 mg</i>	QL (60 ea / 30 days)
ENDOCRINE AND METABOLIC AGENTS - MISC. - DRUGS TO REGULATE HORMONES	
BONE DENSITY REGULATORS	
<i>alendronate sodium tab 5 mg</i>	QL (30 ea / 30 days)
<i>alendronate sodium tab 10 mg</i>	QL (30 ea / 30 days)
<i>alendronate sodium tab 35 mg</i>	QL (4 ea / 28 days)
<i>alendronate sodium tab 70 mg</i>	QL (4 ea / 28 days)

DRUG NAME	REQUIREMENTS/LIMITS
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	QL (30 mL / 30 days); AGE (Min age 50 years)
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	QL (1 ea / 28 days)
PROLIA SOL 60MG/ML	SP, PA
TYMLOS INJ	SP, PA
GROWTH HORMONES	
OMNITROPE INJ 5.8MG	SP, PA
HORMONE RECEPTOR MODULATORS	
<i>raloxifene hcl tab 60 mg</i>	QL (30 ea / 30 days); AGE (Min age 50 years)
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)	
INCRELEX INJ 40MG/4ML	SP, PA
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS	
LUPR DEP-PED INJ 3M 30MG	PA
LUPR DEP-PED INJ 7.5MG	PA
LUPR DEP-PED INJ 11.25MG	PA
LUPR DEP-PED INJ 15MG	PA
SYNAREL SOL 2MG/ML	SP, PA
METABOLIC MODIFIERS	
<i>calcitriol cap 0.5 mcg</i>	QL (120 ea / 30 days)
<i>calcitriol cap 0.25 mcg</i>	QL (120 ea / 30 days)
ELAPRASE INJ 6MG/3ML	SP, PA
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	QL (1800 mL / 30 days)
<i>levocarnitine tab 330 mg</i>	QL (540 ea / 30 days)
POSTERIOR PITUITARY HORMONES	
<i>desmopressin acetate nasal spray soln 0.01%</i>	PA
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	PA
<i>desmopressin acetate tab 0.1 mg</i>	QL (120 ea / 30 days)
<i>desmopressin acetate tab 0.2 mg</i>	QL (150 ea / 30 days)
STIMATE SOL 1.5MG/ML	SP, PA
PROLACTIN INHIBITORS	
<i>cabergoline tab 0.5 mg</i>	
SOMATOSTATIC AGENTS	
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	SP, PA
SANDOSTATIN KIT LAR 10MG	SP, PA
SANDOSTATIN KIT LAR 20MG	SP, PA
SANDOSTATIN KIT LAR 30MG	SP, PA
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES	
ESTROGEN COMBINATIONS	
<i>fyavolv tab 0.5-2.5</i>	QL (28 ea / 28 days)

DRUG NAME	REQUIREMENTS/LIMITS
<i>fyavolv tab 1-5</i>	QL (28 ea / 28 days)
<i>jinteli tab 1mg-5mcg</i>	QL (28 ea / 28 days)
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	QL (28 ea / 28 days)
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	QL (28 ea / 28 days)

ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES

<i>estradiol tab 0.5 mg</i>	AGE (Max age 64 years)
<i>estradiol tab 1 mg</i>	AGE (Max age 64 years)
<i>estradiol tab 2 mg</i>	AGE (Max age 64 years)

FLUROQUINOLONES - DRUGS TO TREAT INFECTIONS

FLUROQUINOLONES - DRUGS TO TREAT INFECTIONS

<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	QL (60 ea / 30 days)
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	QL (60 ea / 30 days)
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	QL (60 ea / 30 days)
<i>levofloxacin oral soln 25 mg/ml</i>	PA
<i>levofloxacin tab 250 mg</i>	QL (30 ea / 30 days)
<i>levofloxacin tab 500 mg</i>	QL (30 ea / 30 days)
<i>levofloxacin tab 750 mg</i>	QL (30 ea / 30 days)
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	

GASTROINTESTINAL AGENTS - MISC. - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS

ANTIPLATULENTS

<i>anti-gas cap 180mg</i>	OTC
<i>gas relief cap 125mg</i>	OTC
<i>gas relief cap 180mg</i>	OTC
<i>gas relief chw 80mg</i>	OTC
<i>gas relief chw 125mg</i>	OTC
<i>gas relief dro 20/0.3ml</i>	OTC
<i>gas relief dro 40/0.6ml</i>	OTC
<i>gas relief dro infants</i>	OTC
<i>gnp anti-gas cap 180mg</i>	OTC
<i>gnp gas relf chw 80mg</i>	OTC
<i>gnp gas relf chw 125mg</i>	OTC
<i>hm gas relf chw 80mg</i>	OTC
<i>hm gas relf chw 125mg</i>	OTC
<i>mi-acid gas chw 80mg</i>	OTC
<i>qc gas relf chw 80mg</i>	OTC
<i>qc gas relf chw 125mg</i>	OTC
<i>simethicone cap 180mg</i>	OTC
<i>simethicone chew tab 80 mg</i>	OTC
<i>simethicone chew tab 125 mg</i>	OTC

DRUG NAME	REQUIREMENTS/LIMITS
<i>simethicone dro 20/0.3ml</i>	OTC
<i>simethicone dro infants</i>	OTC
<i>simethicone susp 40 mg/0.6ml</i>	OTC
<i>sm gas rel chw 125mg</i>	OTC
<i>sm gas relf chw 80mg</i>	OTC
<i>sm gas relie cap 180mg</i>	OTC
<i>sm gas relie chw 80mg</i>	OTC

GALLSTONE SOLUBILIZING AGENTS

<i>ursodiol cap 300 mg</i>	QL (60 ea / 30 days)
<i>ursodiol tab 250 mg</i>	QL (120 ea / 30 days)
<i>ursodiol tab 500 mg</i>	QL (60 ea / 30 days)

GASTROINTESTINAL STIMULANTS

<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	QL (180 ea / 30 days)
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	QL (180 ea / 30 days)

INFLAMMATORY BOWEL AGENTS

<i>balsalazide disodium cap 750 mg</i>	
<i>mesalamine cap er 24hr 0.375 gm</i>	QL (120 ea / 30 days)
<i>sulfasalazine tab 500 mg</i>	QL (300 ea / 30 days)
<i>sulfasalazine tab delayed release 500 mg</i>	QL (240 ea / 30 days)

INTESTINAL ACIDIFIERS

<i>enulose sol 10gm/15</i>	QL (5400 mL / 30 days)
<i>generlac sol 10gm/15</i>	QL (5400 mL / 30 days)
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	QL (5400 mL / 30 days)

PHOSPHATE BINDER AGENTS

<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	
<i>sevelamer carbonate tab 800 mg</i>	ST; Requires trial of calcium acetate

GENITOURINARY AGENTS - MISCELLANEOUS - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS

ALKALINIZERS

<i>potassium citrate & citric acid soln 1100-334 mg/5ml</i>	
<i>potassium citrate tab er 5 meq (540 mg)</i>	QL (90 ea / 30 days)
<i>potassium citrate tab er 10 meq (1080 mg)</i>	QL (90 ea / 30 days)
<i>potassium citrate tab er 15 meq (1620 mg)</i>	QL (120 ea / 30 days)
<i>sodium citrate & citric acid soln 500-334 mg/5ml</i>	

GENITOURINARY IRRIGANTS

<i>acetic acid irrigation soln 0.25%</i>	
<i>sodium chloride irrigation soln 0.9%</i>	QL (10000 mL / 25 days)

DRUG NAME	REQUIREMENTS/LIMITS
PROSTATIC HYPERTROPHY AGENTS	
<i>alfuzosin hcl tab er 24hr 10 mg</i>	QL (30 ea / 30 days)
<i>finasteride tab 5 mg</i>	QL (30 ea / 30 days)
<i>tamsulosin hcl cap 0.4 mg</i>	QL (60 ea / 30 days)
URINARY ANALGESICS	
<i>phenazopyridine hcl tab 100 mg</i>	QL (90 ea / 30 days)
<i>phenazopyridine hcl tab 200 mg</i>	QL (90 ea / 30 days)
GOUT AGENTS - DRUGS TO TREAT GOUT	
GOUT AGENT COMBINATIONS	
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	QL (90 ea / 30 days)
GOUT AGENTS - DRUGS TO TREAT GOUT	
<i>allopurinol tab 100 mg</i>	QL (180 ea / 30 days)
<i>allopurinol tab 300 mg</i>	QL (120 ea / 30 days)
<i>colchicine tab 0.6 mg</i>	QL (30 ea / 90 days, max 1 fill per 90 days)
URICOSURICS	
<i>probenecid tab 500 mg</i>	QL (90 ea / 30 days)
HEMATOLOGICAL AGENTS - MISC. - DRUGS TO TREAT BLOOD DISORDERS	
ANTIHEMOPHILIC PRODUCTS	
ADVATE INJ 250UNIT	SP, PA
ADVATE INJ 500UNIT	SP, PA
ADVATE INJ 1000UNIT	SP, PA
ADVATE INJ 1500UNIT	SP, PA
ADVATE INJ 2000UNIT	SP, PA
ADVATE INJ 3000UNIT	SP, PA
ADVATE INJ 4000UNIT	SP, PA
BENEFIX INJ 250UNIT	SP, PA
BENEFIX INJ 500UNIT	SP, PA
BENEFIX INJ 1000UNIT	SP, PA
BENEFIX INJ 2000UNIT	SP, PA
BENEFIX INJ 3000UNIT	SP, PA
HUMATE-P SOL 500-1200	SP, PA
HUMATE-P SOL 2400UNIT	SP, PA
IXINITY INJ 250UNIT	SP, PA
IXINITY INJ 500UNIT	SP, PA
IXINITY INJ 1000UNIT	SP, PA
IXINITY INJ 2000UNIT	SP, PA
IXINITY INJ 3000UNIT	SP, PA
KOGENATE FS INJ 250UNIT	SP, PA
KOGENATE FS INJ 500UNIT	SP, PA
KOGENATE FS INJ 1000UNIT	SP, PA
KOVALTRY INJ 250UNIT	SP, PA

DRUG NAME	REQUIREMENTS/LIMITS
KOVALTRY INJ 500UNIT	SP, PA
KOVALTRY INJ 1000UNIT	SP, PA
KOVALTRY INJ 2000UNIT	SP, PA
KOVALTRY INJ 3000UNIT	SP, PA
NUWIQ KIT 250UNIT	SP, PA
NUWIQ KIT 500UNIT	SP, PA
NUWIQ KIT 1000UNIT	SP, PA
RIXUBIS INJ 250 UNIT	SP, PA
RIXUBIS INJ 500UNIT	SP, PA
RIXUBIS INJ 1000UNIT	SP, PA
RIXUBIS INJ 2000UNIT	SP, PA
RIXUBIS INJ 3000UNIT	SP, PA

HEMATORHEOLOGIC AGENTS

<i>pentoxifylline tab er 400 mg</i>	QL (120 ea / 30 days)
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PLATELET AGGREGATION INHIBITORS

<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	PA
<i>cilostazol tab 50 mg</i>	QL (60 ea / 30 days)
<i>cilostazol tab 100 mg</i>	QL (60 ea / 30 days)
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	QL (30 ea / 30 days)
<i>dipyridamole tab 25 mg</i>	QL (300 ea / 30 days)
<i>dipyridamole tab 50 mg</i>	QL (240 ea / 30 days)
<i>dipyridamole tab 75 mg</i>	QL (120 ea / 30 days)

HEMATOPOIETIC AGENTS - DRUGS TO TREAT BLOOD DISORDERS

COBALAMINS

<i>cyanocobalamin sl tab 2500 mcg</i>	OTC
<i>cyanocobalamin tab 500 mcg</i>	OTC
<i>cyanocobalamin tab 1000 mcg</i>	OTC
<i>cyanocobalamin tab er 1000 mcg</i>	OTC
<i>sm vit b-12 tab 100mcg</i>	OTC
<i>sm vit b-12 tab 500mcg</i>	OTC

FOLIC ACID/FOLATES

<i>folic acid tab 1 mg</i>	QL (150 ea / 30 days)
<i>folic acid tab 400 mcg</i>	QL (150 ea / 30 days), OTC
<i>folic acid tab 800 mcg</i>	QL (150 ea / 30 days), OTC
<i>sm folic acid tab 400mcg</i>	QL (150 ea / 30 days), OTC

HEMATOPOIETIC GROWTH FACTORS

ARANESP INJ 25MCG	PA
ARANESP INJ 40MCG	PA
ARANESP INJ 60MCG	PA
ARANESP INJ 100MCG	PA
ARANESP INJ 200MCG	PA
ARANESP INJ 300MCG	PA

DRUG NAME	REQUIREMENTS/LIMITS
ARANESP INJ 500MCG	PA
RETACRIT INJ 2000UNIT	PA
RETACRIT INJ 3000UNIT	PA
RETACRIT INJ 4000UNIT	PA
RETACRIT INJ 10000UNT	PA
RETACRIT INJ 20000UNI	PA
RETACRIT INJ 40000UNT	PA
ZARXIO INJ 300/0.5	PA
ZARXIO INJ 480/0.8	PA
ZIEXTENZO INJ 6/0.6ML	PA, QL (0.6 mL / 11 days)

HEMATOPOIETIC MIXTURES

<i>chromagen cap</i>	QL (60 ea / 30 days)
<i>ferocon cap</i>	QL (60 ea / 30 days)
<i>foltrin cap</i>	QL (60 ea / 30 days)
<i>hematogen cap</i>	QL (60 ea / 30 days), OTC
<i>iferex 150 cap forte</i>	QL (60 ea / 30 days)
<i>poly-iron cap 150 fort</i>	QL (60 ea / 30 days)
<i>tricon cap</i>	QL (60 ea / 30 days)

IRON

<i>ferate tab 27mg</i>	OTC
<i>ferosul tab 325mg</i>	QL (90 ea / 30 days), OTC
<i>ferrex 150 cap 150mg</i>	QL (60 ea / 30 days), OTC
<i>ferrocite tab 324mg</i>	OTC
<i>ferrous fumarate tab 324 mg (106 mg elemental fe)</i>	OTC
FERROUS GLUC TAB 324MG	OTC
<i>ferrous gluconate tab 240 mg (27 mg elemental fe)</i>	OTC
FERROUS SULF LIQ 44MG/5ML	OTC
FERROUS SULF TAB 324MG EC	OTC
<i>ferrous sulfate elixir 220 mg/5ml (44 mg/5ml elemental fe)</i>	OTC
<i>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)</i>	OTC
<i>ferrous sulfate tab 325 mg (65 mg elemental fe)</i>	QL (90 ea / 30 days), OTC
<i>ferrous sulfate tab ec 325 mg (65 mg fe equivalent)</i>	OTC
<i>gnp iron tab 45mg</i>	OTC
<i>gnp iron tab 65mg</i>	OTC
<i>iferex 150 cap</i>	QL (60 ea / 30 days), OTC
<i>iron supplmt dro 15mg/ml</i>	OTC
<i>nu-iron 150 cap 150mg</i>	QL (60 ea / 30 days), OTC
<i>poly-iron cap 150mg</i>	QL (60 ea / 30 days), OTC
<i>polysaccharide iron complex cap 150 mg (iron equivalent)</i>	QL (60 ea / 30 days), OTC

DRUG NAME	REQUIREMENTS/LIMITS
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<i>sm iron slow tab 160mg cr</i>	OTC
<i>sm iron tab 325mg</i>	QL (90 ea / 30 days), OTC

HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS - DRUGS TO TREAT SLEEP DISORDERS

ANTI-HISTAMINE HYPNOTICS

<i>acetamin pm tab 25-500mg</i>	OTC
<i>headache pm tab 25-500mg</i>	OTC
<i>headache pm tab 500-38mg</i>	OTC
<i>hm nighttime tab 25mg</i>	QL (30 ea / 30 days), OTC
<i>hm sleep aid tab 25mg</i>	QL (30 ea / 30 days), OTC
<i>night time tab 25mg</i>	QL (30 ea / 30 days), OTC
<i>pain relief tab 25-500mg</i>	OTC
<i>pain relieve tab 25-500</i>	OTC
<i>pain relieve tab 25-500mg</i>	OTC
<i>pain relievr tab 25-500mg</i>	OTC
<i>rest simply tab 25mg</i>	QL (30 ea / 30 days), OTC
<i>sleep aid tab 25mg</i>	QL (30 ea / 30 days), OTC
<i>sleep tab 25mg</i>	QL (30 ea / 30 days), OTC
<i>sleep-aid tab 25mg</i>	QL (30 ea / 30 days), OTC
<i>sm nighttime tab 25mg</i>	QL (30 ea / 30 days), OTC
<i>sm sleep aid tab 25mg</i>	QL (30 ea / 30 days), OTC

BARBITURATE HYPNOTICS

<i>phenobarbital elixir 20 mg/5ml</i>	QL (1500 mL / 30 days); AGE (Max age 12 years)
<i>phenobarbital tab 15 mg</i>	QL (60 ea / 30 days)
<i>phenobarbital tab 16.2 mg</i>	QL (60 ea / 30 days)
<i>phenobarbital tab 30 mg</i>	QL (60 ea / 30 days)
<i>phenobarbital tab 32.4 mg</i>	QL (60 ea / 30 days)
<i>phenobarbital tab 60 mg</i>	QL (60 ea / 30 days)
<i>phenobarbital tab 64.8 mg</i>	QL (90 ea / 30 days)
<i>phenobarbital tab 97.2 mg</i>	QL (60 ea / 30 days)
<i>phenobarbital tab 100 mg</i>	QL (60 ea / 30 days)

NON-BARBITURATE HYPNOTICS

<i>estazolam tab 1 mg</i>	QL (30 ea / 30 days); AGE (Min age 18 years)
<i>estazolam tab 2 mg</i>	QL (30 ea / 30 days); AGE (Min age 18 years)
<i>flurazepam hcl cap 15 mg</i>	QL (30 ea / 30 days); AGE (Min age 15 years and Max age 64 years)

DRUG NAME	REQUIREMENTS/LIMITS
<i>flurazepam hcl cap 30 mg</i>	QL (30 ea / 30 days); AGE (Min age 15 years and Max age 64 years)
<i>temazepam cap 15 mg</i>	QL (30 ea / 30 days); AGE (Min age 18 years)
<i>temazepam cap 30 mg</i>	QL (30 ea / 30 days); AGE (Min age 18 years)
<i>triazolam tab 0.25 mg</i>	QL (60 ea / 30 days); AGE (Min age 18 years)
<i>triazolam tab 0.125 mg</i>	QL (30 ea / 30 days); AGE (Min age 18 years)
<i>zolpidem tartrate tab 5 mg</i>	QL (60 ea / 30 days); AGE (Min age 18 years)
<i>zolpidem tartrate tab 10 mg</i>	QL (30 ea / 30 days); AGE (Min age 18 years)

LAXATIVES - DRUGS TO TREAT CONSTIPATION

BULK LAXATIVES

<i>calcium polycarbophil tab 625 mg</i>	OTC
<i>fiber laxativ tab 625mg</i>	OTC
<i>fiber laxativ cap 0.52gm</i>	OTC
<i>fiber therap tab 500mg</i>	OTC
<i>fiber-caps tab 625mg</i>	OTC
<i>fiber-lax tab 625mg</i>	OTC
<i>gnp best pow fiber</i>	OTC
<i>gnp fiber cap 0.52gm</i>	OTC
<i>hm fiber tab 500mg</i>	OTC
<i>konsyl daily pow 28.3%</i>	OTC
KONSYL DAILY POW 28.3%	OTC
KONSYL DAILY POW 100%	OTC
KONSYL-D POW 52.3%	OTC
<i>nat fiber pow 48.57%</i>	OTC
<i>naturl fiber pow 28.3%</i>	OTC
<i>naturl fiber pow 58.6%</i>	OTC
<i>qc natural pow vegetabl</i>	OTC
<i>sm fiber lax tab 500mg</i>	OTC
<i>sm fiber pow 28.3%</i>	OTC
<i>sm fiber pow 48.57%</i>	OTC
<i>sm fiber pow 58.6%</i>	OTC
<i>sm fiber tab 625mg</i>	OTC
UNIFIBER POW	OTC

LAXATIVE COMBINATIONS

<i>colace 2in1 tab 8.6-50mg</i>	QL (180 ea / 30 days), OTC
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DRUG NAME	REQUIREMENTS/LIMITS
<i>gavilyte-c sol</i>	QL (120000 mL / 30 days)
<i>gavilyte-g sol</i>	QL (120000 mL / 30 days)
<i>gavilyte-n sol flav pk</i>	QL (120000 mL / 30 days)
<i>hm stool sof tab 8.6-50mg</i>	QL (180 ea / 30 days), OTC
<i>lax/stl soft tab 8.6-50mg</i>	QL (180 ea / 30 days), OTC
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	QL (120000 mL / 30 days)
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	QL (120000 mL / 30 days)
<i>senexon-s tab 8.6-50mg</i>	QL (180 ea / 30 days), OTC
<i>senna plus tab 8.6-50mg</i>	QL (180 ea / 30 days), OTC
<i>senna-s tab 8.6-50mg</i>	QL (180 ea / 30 days), OTC
<i>senna-time s tab 8.6-50mg</i>	QL (180 ea / 30 days), OTC
<i>senna/dss tab 8.6-50mg</i>	QL (180 ea / 30 days), OTC
<i>sm senna-s tab 8.6-50mg</i>	QL (180 ea / 30 days), OTC
<i>sm stool sof tab 8.6-50mg</i>	QL (180 ea / 30 days), OTC
<i>stimulant tab 8.6-50mg</i>	QL (180 ea / 30 days), OTC
<i>stool softnr tab 8.6-50mg</i>	QL (180 ea / 30 days), OTC

LAXATIVES - MISCELLANEOUS

<i>clearlax pow</i>	QL (1020 gm / 30 days), OTC
<i>constulose sol 10gm/15</i>	QL (5400 mL / 30 days)
<i>gavilax pow</i>	QL (1020 gm / 30 days), OTC
<i>glycerin ped sup 1.2gm</i>	OTC
<i>glycerin suppos 2 gm</i>	OTC
<i>glycolax pow 3350 nf</i>	QL (1020 gm / 30 days), OTC
<i>gnp clearlax pow</i>	QL (1020 gm / 30 days), OTC
<i>gnp glycerin sup 1.2gm</i>	OTC
<i>gnp glycerin sup 2.1gm</i>	OTC
<i>hm clearlax pow</i>	QL (1020 gm / 30 days), OTC
<i>lactulose solution 10 gm/15ml</i>	QL (5400 mL / 30 days)
<i>natura-lax pow 3350 nf</i>	QL (1020 gm / 30 days), OTC
<i>polyethylene glycol 3350 oral powder 17 gm/scoop</i>	QL (1020 gm / 30 days), OTC
<i>sm clearlax pow</i>	QL (1020 gm / 30 days), OTC
<i>sm glycerin sup 80.7%</i>	OTC

LUBRICANT LAXATIVES

<i>gnp mineral oil</i>	OTC
<i>mineral oil</i>	OTC
<i>mineral oil ene</i>	OTC
<i>qc mineral oil heavy</i>	OTC
<i>sm enema ene</i>	OTC

SALINE LAXATIVES

<i>enema ready- ene to-use</i>	OTC
<i>gnp milk mag sus cherry</i>	OTC

DRUG NAME	REQUIREMENTS/LIMITS
<i>gnp milk mag sus mint</i>	OTC
<i>gnp milk mag sus original</i>	OTC
<i>hm enema ene r-t-u</i>	OTC
<i>mag citrate sol cherry</i>	OTC
<i>mag citrate sol grape</i>	OTC
<i>magnesium citrate soln</i>	OTC
<i>milk of magn sus</i>	OTC
<i>milk of magn sus 400/5ml</i>	OTC
<i>milk of magn sus 1200/15</i>	OTC
<i>milk of magn sus 2400/10</i>	OTC
<i>milk of magn sus 2400/30</i>	OTC
<i>milk of magn sus 2400mg</i>	OTC
<i>milk of magn sus frsh mnt</i>	OTC
<i>qc enema ene</i>	OTC
<i>sm enema ene</i>	OTC
<i>sm magnesium sol cherry</i>	OTC
<i>sm milk magn sus original</i>	OTC
<i>sodium phosphates - enema</i>	OTC

STIMULANT LAXATIVES

<i>bisacodyl suppos 10 mg</i>	QL (30 ea / 30 days), OTC
<i>bisacodyl tab 5mg ec</i>	QL (90 ea / 30 days), OTC
<i>choc laxativ chw 15mg</i>	OTC
<i>gentle laxat sup 10mg</i>	QL (30 ea / 30 days), OTC
<i>gentle laxat tab 5mg ec</i>	QL (90 ea / 30 days), OTC
<i>gnp gntl lax tab 5mg ec</i>	QL (90 ea / 30 days), OTC
<i>gnp laxative tab 5mg ec</i>	QL (90 ea / 30 days), OTC
<i>hm laxative tab 5mg</i>	QL (90 ea / 30 days), OTC
<i>hm senna tab 8.6mg</i>	QL (60 ea / 30 days), OTC
<i>laxative max tab 25mg</i>	OTC
<i>nat veg lax tab 8.6mg</i>	QL (60 ea / 30 days), OTC
<i>qc laxative sup 10mg</i>	QL (30 ea / 30 days), OTC
<i>qc laxative tab 5mg ec</i>	QL (90 ea / 30 days), OTC
<i>qc senna tab 8.6mg</i>	QL (60 ea / 30 days), OTC
<i>senna lax tab 8.6mg</i>	QL (60 ea / 30 days), OTC
<i>senna tab 8.6mg</i>	QL (60 ea / 30 days), OTC
<i>senna-lax tab 8.6mg</i>	QL (60 ea / 30 days), OTC
<i>senna-time tab 8.6mg</i>	QL (60 ea / 30 days), OTC
<i>sennosides syrup 8.8 mg/5ml</i>	OTC
<i>senokot extr tab 17.2mg</i>	OTC
<i>sm gentle tab laxative</i>	QL (90 ea / 30 days), OTC
<i>sm laxative sup 10mg</i>	QL (30 ea / 30 days), OTC
<i>sm laxative tab 5mg ec</i>	QL (90 ea / 30 days), OTC

DRUG NAME	REQUIREMENTS/LIMITS
<i>sm senna lax tab 8.6mg</i>	QL (60 ea / 30 days), OTC
<i>womans laxat tab 5mg ec</i>	QL (90 ea / 30 days), OTC
<i>womens laxat tab 5mg ec</i>	QL (90 ea / 30 days), OTC

SURFACTANT LAXATIVES

<i>docu liq 50mg/5ml</i>	QL (900 mL / 30 days), OTC
<i>docu liq 100/10ml</i>	QL (900 mL / 30 days), OTC
<i>docusate calcium cap 240 mg</i>	QL (60 ea / 30 days), OTC
<i>docusate min ene 283mg</i>	OTC
<i>docusate sodium cap 100 mg</i>	QL (180 ea / 30 days), OTC
<i>docusate sodium cap 250 mg</i>	QL (180 ea / 30 days), OTC
<i>docusate sodium liquid 150 mg/15ml</i>	QL (900 mL / 30 days), OTC
<i>docusate sodium tab 100 mg</i>	QL (180 ea / 30 days), OTC
<i>docusol mini ene</i>	OTC
<i>dok cap 100mg</i>	QL (180 ea / 30 days), OTC
<i>dok tab 100mg</i>	QL (180 ea / 30 days), OTC
<i>dulcolax ss cap 100mg</i>	QL (180 ea / 30 days), OTC
<i>enemeez mini ene</i>	OTC
<i>hm stool sof cap 100mg</i>	QL (180 ea / 30 days), OTC
<i>PEDIA-LAX LIQ 50MG</i>	QL (900 mL / 30 days), OTC
<i>silace liq 10mg/ml</i>	QL (900 mL / 30 days), OTC
<i>silace syp 60/15ml</i>	QL (900 mL / 30 days), OTC
<i>stool soft cap 240mg</i>	QL (60 ea / 30 days), OTC
<i>stool soften cap 100mg</i>	QL (180 ea / 30 days), OTC
<i>stool soften cap 250mg</i>	QL (180 ea / 30 days), OTC
<i>stool softnr cap 100mg</i>	QL (180 ea / 30 days), OTC
<i>stool softnr cap 250mg</i>	QL (180 ea / 30 days), OTC
<i>stool softnr tab 100mg</i>	QL (180 ea / 30 days), OTC

MACROLIDES - DRUGS TO TREAT INFECTIONS

AZITHROMYCIN

<i>azithromycin for susp 100 mg/5ml</i>	QL (600 mL / 30 days); AGE (Max age 12 years)
<i>azithromycin for susp 200 mg/5ml</i>	QL (900 mL / 30 days); AGE (Max age 12 years)
<i>azithromycin powd pack for susp 1 gm</i>	QL (30 ea / 30 days)
<i>azithromycin tab 250 mg</i>	QL (12 ea / 25 days)
<i>azithromycin tab 500 mg</i>	QL (6 ea / 25 days)
<i>azithromycin tab 600 mg</i>	QL (30 ea / 30 days)

CLARITHROMYCIN

<i>clarithromycin for susp 125 mg/5ml</i>	AGE (Max age 12 years)
<i>clarithromycin for susp 250 mg/5ml</i>	AGE (Max age 12 years)
<i>clarithromycin tab 250 mg</i>	
<i>clarithromycin tab 500 mg</i>	

DRUG NAME
ERYTHROMYCINS

REQUIREMENTS/LIMITS

erythromycin ethylsuccinate for susp 200 mg/5ml AGE (Max age 12 years)

**MEDICAL DEVICES AND SUPPLIES - MEDICAL DEVICES AND SUPPLIES
 FOR DIAGNOSIS, TREATMENT, OR MONITORING
 CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL**

AIMSCO MIS LUBRICAT	OTC; QL (max quantity 12 per fill)
COLOR CONDOM MIS + LUBE	OTC; QL (max quantity 12 per fill)
CONDOMS MIS	OTC; QL (max quantity 12 per fill)
CONDOMS MIS LUBRICAT	OTC; QL (max quantity 12 per fill)
DUREX EXTRA MIS SENSITIV	OTC; QL (max quantity 12 per fill)
FANTASY LUBR MIS	OTC; QL (max quantity 12 per fill)
FANTASY LUBR MIS COLORS	OTC; QL (max quantity 12 per fill)
FANTASY LUBR MIS SPERMICI	OTC; QL (max quantity 12 per fill)
FANTASY MIS LUBRICAT	OTC; QL (max quantity 12 per fill)
K-Y ME & YOU MIS EX LUBRI	OTC; QL (max quantity 12 per fill)
K-Y ME & YOU MIS INTENSE	OTC; QL (max quantity 12 per fill)
KAMELEON LUB MIS COLORS	OTC; QL (max quantity 12 per fill)
KAMELEON MIS TRI-COLR	OTC; QL (max quantity 12 per fill)
KIMONO COLOR MIS	OTC; QL (max quantity 12 per fill)
KIMONO MICRO MIS THIN	OTC; QL (max quantity 12 per fill)
KIMONO MICRO MIS THIN +	OTC; QL (max quantity 12 per fill)
KIMONO MICRO MIS THIN PLS	OTC; QL (max quantity 12 per fill)
KIMONO MIS LUBRICAT	OTC; QL (max quantity 12 per fill)
KIMONO MIS SENSATIO	OTC; QL (max quantity 12 per fill)

DRUG NAME	REQUIREMENTS/LIMITS
KIMONO PLUS MIS LUBRICAT	OTC; QL (max quantity 12 per fill)
KIMONO PLUS MIS SPERMICI	OTC; QL (max quantity 12 per fill)
KIMONO PS MIS LUBRICAT	OTC; QL (max quantity 12 per fill)
KIMONO PS MIS PLUS	OTC; QL (max quantity 12 per fill)
KIMONO SENA MIS PLUS	OTC; QL (max quantity 12 per fill)
KIMONO SPEC MIS	OTC; QL (max quantity 12 per fill)
MAXX MIS LUBRICAT	OTC; QL (max quantity 12 per fill)
MAXX PLUS MIS SPERMICI	OTC; QL (max quantity 12 per fill)
NATURAL COND MIS + LUBE	OTC; QL (max quantity 12 per fill)
REALITY MIS LUBRICAT	OTC; QL (max quantity 12 per fill)
REALITY ULTR MIS TEXTURED	OTC; QL (max quantity 12 per fill)
REALITY ULTR MIS THIN	OTC; QL (max quantity 12 per fill)
TRUSTEX LUBR MIS ASSORTED	OTC; QL (max quantity 12 per fill)
TRUSTEX LUBR MIS BANANA	OTC; QL (max quantity 12 per fill)
TRUSTEX LUBR MIS CHOC	OTC; QL (max quantity 12 per fill)
TRUSTEX LUBR MIS COLA	OTC; QL (max quantity 12 per fill)
TRUSTEX LUBR MIS COLORS	OTC; QL (max quantity 12 per fill)
TRUSTEX LUBR MIS EX LARGE	OTC; QL (max quantity 12 per fill)
TRUSTEX LUBR MIS EX STR	OTC; QL (max quantity 12 per fill)
TRUSTEX LUBR MIS GRAPE	OTC; QL (max quantity 12 per fill)
TRUSTEX LUBR MIS MINT	OTC; QL (max quantity 12 per fill)

DRUG NAME	REQUIREMENTS/LIMITS
TRUSTEX LUBR MIS RIB/STUD	OTC; QL (max quantity 12 per fill)
TRUSTEX LUBR MIS SPERMICI	OTC; QL (max quantity 12 per fill)
TRUSTEX LUBR MIS STRWBRY	OTC; QL (max quantity 12 per fill)
TRUSTEX LUBR MIS VANILLA	OTC; QL (max quantity 12 per fill)
TRUSTEX MIS BANANA	OTC; QL (max quantity 12 per fill)
TRUSTEX MIS CHOCOLAT	OTC; QL (max quantity 12 per fill)
TRUSTEX MIS FLAVORS	OTC; QL (max quantity 12 per fill)
TRUSTEX MIS MINT	OTC; QL (max quantity 12 per fill)
TRUSTEX MIS STRWBRY	OTC; QL (max quantity 12 per fill)
TRUSTEX MIS VANILLA	OTC; QL (max quantity 12 per fill)
TRUSTEX/RIA MIS LUBRICAT	OTC; QL (max quantity 12 per fill)
TRUSTEX/RIA MIS NON-LUB	OTC; QL (max quantity 12 per fill)
TRUSTEX/RIA MIS SPERMICI	OTC; QL (max quantity 12 per fill)
TRUSTX NON-9 MIS RIB/STUD	OTC; QL (max quantity 12 per fill)

DIABETIC SUPPLIES

ACCU-CHEK MIS MLTICLIX	OTC
ACTI-LANCE MIS 28G	OTC
ACTI-LANCE MIS LITE 28G	OTC
ACTI-LANCE MIS SPEC 17G	OTC
ACTI-LANCE MIS UNIV 23G	OTC
ADVOCATE MIS LANC 30G	OTC
AGAMATRIX MIS 33G	OTC
AIMSCO TWIST MIS 32G	OTC
AIMSCO TWIST MIS 33G	OTC
ASSURE LANCE MIS 21G	OTC
ASSURE LANCE MIS 28G	OTC
ASSURE LANCE MIS LOW FLOW	OTC
ASSURE LANCE MIS MICRO	OTC
ASSURE LANCE MIS SAFE 25G	OTC

DRUG NAME	REQUIREMENTS/LIMITS
ASSURE LANCE MIS SAFE 30G	OTC
ASSURE PLUS MIS HIGH 18G	OTC
ASSURE PLUS MIS LOW 25G	OTC
ASSURE PLUS MIS MCRO 28G	OTC
ASSURE PLUS MIS NORM 21G	OTC
ASSURE PLUS MIS PEDIATRI	OTC
AURORA LANCE MIS 30G	OTC
AURORA LANCE MIS THIN 23G	OTC
BD LANCET UF MIS 30G	OTC
BD LANCET UF MIS 33G	OTC
CAREONE LANC MIS 30G	OTC
CAREONE LANC MIS THIN 23G	OTC
CARESENS 30G MIS LANCETS	OTC
CARETOUCH MIS TWIST 30	OTC
CLEANLET 28G MIS LANCETS	OTC
COAGUCHEK MIS LANCETS	OTC
COMFORT ASSU MIS LANC 28G	OTC
COMFORT ASSU MIS LANC 33G	OTC
COMFORT MIS LANCETS	OTC
COMFORT TCH MIS LANC 30G	OTC
COMFORT TCH MIS LANC 31G	OTC
COMFORTOUCH MIS LANCET	OTC
CVS LANCETS MIS 21G	OTC
CVS LANCETS MIS 30G	OTC
CVS LANCETS MIS 33G	OTC
CVS LANCETS MIS ORIGINAL	OTC
CVS LANCETS MIS THIN 26G	OTC
CVS LANCETS MIS THIN 30G	OTC
CVS LANCETS MIS THIN 33G	OTC
DEXCOM G5 MIS RECEIVER	PA, QL (1 ea / 310 days)
DEXCOM G5 MIS TRANSMIT	PA, QL (1 ea / 76 days)
DEXCOM G6 MIS RECEIVER	PA, QL (1 ea / 310 days)
DEXCOM G6 MIS SENSOR	PA, QL (3 ea / 25 days)
DEXCOM G6 MIS TRANSMIT	PA, QL (1 ea / 76 days)
DIATHRIVE MIS LANCETS	OTC
DIATHRIVE MIS UT 30G	OTC
DROPLET LANC MIS 30G	OTC
DROPLET PERS MIS LANC 30G	OTC
E-Z JECT MIS 21G	OTC
E-Z JECT MIS 21G COLR	OTC
E-Z JECT MIS 30G	OTC
E-Z JECT MIS 32G COLR	OTC

DRUG NAME	REQUIREMENTS/LIMITS
E-Z JECT MIS LANC 21G	OTC
E-Z JECT MIS THIN 26G	OTC
E-ZJECT LANC MIS 33G	OTC
EASY TOUCH MIS LANC/21G	OTC
EASY TOUCH MIS LANC/23G	OTC
EASY TOUCH MIS LANC/26G	OTC
EASY TOUCH MIS LANC/28G	OTC
EASY TOUCH MIS LANC/30G	OTC
EASY TOUCH MIS LANC/32G	OTC
EASY TOUCH MIS LANC/33G	OTC
EMBRACE LANC MIS 21G	OTC
EMBRACE LANC MIS 28G	OTC
EQL LANCETS MIS 21G COLR	OTC
EQL LANCETS MIS 33G COLR	OTC
EQL LANCETS MIS THIN 26G	OTC
EQL LANCETS MIS THIN 30G	OTC
EZ-LETS 21G MIS LANCETS	OTC
EZ-LETS 26G MIS LANCETS	OTC
EZ-LETS 28G MIS LANCETS	OTC
EZ-LETS 30G MIS LANCETS	OTC
FASTCLIX MIS LANCETS	OTC
FIFTY50 SAFE MIS LANCETS	OTC
FINE 30 MIS	OTC
FORA LANCETS MIS 30G	OTC
FORA MIS LANCETS	OTC
FREESTY LIBR KIT 2 SENSOR	PA, QL (3 ea / 25 days)
FREESTY LIBR MIS 2 READER	PA, QL (1 ea / 310 days)
FREESTYLE KIT SENSOR	PA, QL (2 ea / 25 days)
FREESTYLE MIS LANCETS	OTC
FREESTYLE MIS READER	PA, QL (1 ea / 310 days)
G5/G4 MIS SENSOR	PA, QL (4 ea / 23 days)
GENTEEL MIS LANCETS	OTC
GENTLE-LET MIS 26G	OTC
GENTLE-LET MIS 28G	OTC
GENTLE-LET MIS LANCETS	OTC
GLUCOCOM MIS 28G	OTC
GLUCOCOM MIS 30G	OTC
GLUCOCOM MIS 33G	OTC
GNP LANCETS MIS 21G	OTC
GNP LANCETS MIS 28G	OTC
GNP LANCETS MIS 30G	OTC
GNP LANCETS MIS 33G	OTC

DRUG NAME	REQUIREMENTS/LIMITS
GNP LANCETS MIS THIN 26G	OTC
GOJJI LANCET MIS 30G	OTC
GOODSENSE MIS LANC 26G	OTC
GOODSENSE MIS LANC 30G	OTC
GOODSENSE MIS LANC 33G	OTC
HAEMOLANCE MIS HIGH FLO	OTC
HAEMOLANCE MIS LOW FLOW	OTC
HAEMOLANCE MIS PLUS	OTC
HAEMOLANCE MIS PLUS LOW	OTC
HAEMOLANCE MIS PLUS MAX	OTC
HAEMOLANCE MIS PLUS PED	OTC
HAEMOLANCE MIS RETRACT	OTC
HLTHY ACCNTS MIS LANC 30G	OTC
INCONTROL MIS LANC 28G	OTC
INCONTROL MIS LANC 30G	OTC
INCONTROL MIS LANC 33G	OTC
KINNEY MIS LANCETS	OTC
KINNEY THIN MIS LANCETS	OTC
KROGER LANCE MIS	OTC
KROGER LANCE MIS 26G	OTC
KROGER LANCE MIS THIN	OTC
KROGER LANCE MIS THIN 30G	OTC
LANCET MICRO MIS THIN 33G	OTC
LANCET STAND MIS 21G	OTC
LANCET SUPER MIS THIN 30G	OTC
LANCET ULTRA MIS 28G	OTC
LANCET ULTRA MIS THIN 30G	OTC
LANCETS MICR MIS THIN 33G	OTC
LANCETS MIS	OTC
LANCETS MIS 21G	OTC
LANCETS MIS 21G COLR	OTC
LANCETS MIS 26G	OTC
LANCETS MIS 28G	OTC
LANCETS MIS 30G	OTC
LANCETS MIS 33G	OTC
LANCETS MIS ORIGINAL	OTC
LANCETS MIS THIN	OTC
LANCETS MIS THIN 26G	OTC
LANCETS MIS THIN 30G	OTC
LANCETS SUPR MIS THIN 28G	OTC
LANCETS THIN MIS	OTC
LANCETS THIN MIS 26G	OTC

DRUG NAME	REQUIREMENTS/LIMITS
LANCETS ULTR MIS THIN	OTC
LB LANCET MIS 28G	OTC
LITE TOUCH MIS LANCETS	OTC
LITETOUCH MIS LANCETS	OTC
LONGS LANCET MIS STANDARD	OTC
LONGS LANCET MIS THIN	OTC
LONGS LANCET MIS ULTRA TH	OTC
MEDICHOICE MIS LANCET	OTC
MEDLANCE MIS 30G PLUS	OTC
MEDLANCE MIS EXTR 21G	OTC
MEDLANCE MIS LITE 25G	OTC
MEDLANCE MIS PLUS	OTC
MEDLANCE MIS PLUS 30G	OTC
MEDLANCE MIS UNV 21G	OTC
MEDLANCE PLS MIS 0.8MM	OTC
MEDLANCE PLS MIS EXTR 21G	OTC
MEDLANCE PLS MIS LITE 25G	OTC
MEDLANCE PLS MIS UNIV 21G	OTC
MEIJER LANCE MIS COLOR	OTC
MEIJER LANCE MIS UNIV 21G	OTC
MEIJER LANCE MIS UNIV 30G	OTC
MEIJER LANCE MIS UNIVERSA	OTC
MEIJER MIS LANCETS	OTC
MICRO THIN MIS LANC 33G	OTC
MICROLET MIS LANCETS	OTC
MM TWIST MIS LANCETS	OTC
MOBILE LANCE MIS 30G	OTC
MONOLET MIS LANCETS	OTC
MONOLET OPD MIS LANCETS	OTC
MPD SFTY LAN MIS 21G	OTC
MPD SFTY LAN MIS 23G	OTC
MPD SFTY LAN MIS 28G	OTC
MPD SFTY LAN MIS 30G	OTC
MYGLUCOHEALT MIS LANC 30G	OTC
NOVA SURE MIS LANCETS	OTC
ONETOUCH DEL MIS PLUS 30G	OTC
ONETOUCH DEL MIS PLUS 33G	OTC
ONETOUCH MIS 30G	OTC
ONETOUCH MIS LANCETS	OTC
ONETOUCH US MIS LANCETS	OTC
PC LANCETS MIS 30G	OTC
PERFECT 28G MIS LANCETS	OTC

DRUG NAME	REQUIREMENTS/LIMITS
PERFECT 30G MIS LANCETS	OTC
PHARMACY COU MIS LANCETS	OTC
PIP LANCETS MIS 28G	OTC
PIP LANCETS MIS 30G	OTC
PRODIGY MIS 26G	OTC
PRODIGY MIS 28G	OTC
PSS SAFE LAN MIS	OTC
PSS SEL LANC MIS	OTC
PURE COMFORT MIS 30G LAN	OTC
PX LANCETS MIS 28G	OTC
PX LANCETS MIS 33G	OTC
PX LANCETS MIS ULT THIN	OTC
QC LANCETS MIS 28G	OTC
QC LANCETS MIS 30G	OTC
RA E-ZJECT MIS 28G	OTC
RA E-ZJECT MIS THIN 26G	OTC
RA E-ZJECT MIS THIN 28G	OTC
RA E-ZJECT MIS ULT THIN	OTC
READYLANCE MIS 21G	OTC
READYLANCE MIS 23G	OTC
READYLANCE MIS 26G	OTC
READYLANCE MIS 28G	OTC
READYLANCE MIS 30G	OTC
REALITY MIS LANCETS	OTC
REALITY TRIG MIS LANCETS	OTC
RELION LANCE MIS THIN 26G	OTC
RELION LANCE MIS THIN 30G	OTC
RELION MICRO MIS THIN 33G	OTC
RELION ULTRA MIS THIN 30G	OTC
RELION ULTRA MIS THIN PLS	OTC
RIGHTTEST MIS GL300	OTC
SAFE-T-LANCE MIS 21G	OTC
SAFE-T-LANCE MIS 25G	OTC
SAFE-T-PRO MIS LANCETS	OTC
SAFE-T-PRO MIS PLUS	OTC
SB LANCETS MIS THIN	OTC
SB LANCETS MIS ULTR THN	OTC
SM LANCETS MIS 33G	OTC
SMART SENSE MIS LANC 21G	OTC
SMART SENSE MIS LANC 26G	OTC
SMART SENSE MIS LANC 30G	OTC
SMART SENSE MIS LANC 33G	OTC

DRUG NAME	REQUIREMENTS/LIMITS
SOFTCLIX MIS LANCETS	OTC
SOLUS V2 MIS LANC 30G	OTC
STERILANCE MIS TL 28G	OTC
STERILANCE MIS TL 30G	OTC
STERILANCE MIS TL 32G	OTC
SUPER THIN MIS LANC 28G	OTC
SUPER THIN MIS LANCETS	OTC
SURE COMFORT MIS LANCETS	OTC
SURE-LANCE MIS 26G	OTC
SURE-LANCE MIS LANCETS	OTC
SURE-TOUCH MIS UNV LANC	OTC
SUREFLEX MIS LANCETS	OTC
SURELITE MIS LANCETS	OTC
TECHLITE AST MIS LANCETS	OTC
TECHLITE MIS LANC 30G	OTC
TECHLITE MIS LANCETS	OTC
TGT LANCET MIS 26G	OTC
TGT LANCET MIS 30G	OTC
TGT LANCET MIS 33G	OTC
THIN LANCETS MIS 26G	OTC
THIN LANCETS MIS 30G	OTC
THINLETS GP MIS 26G	OTC
TOPCARE MIS LANC 33G	OTC
TRUE COMFORT MIS LANC 30G	OTC
TRUPLUS LANC MIS 26G	OTC
TRUPLUS LANC MIS 28G	OTC
TRUPLUS LANC MIS 30G	OTC
TRUPLUS LANC MIS 33G	OTC
ULTILET MIS 26G	OTC
ULTILET MIS 28G	OTC
ULTILET MIS 33G	OTC
ULTILET MIS LANCETS	OTC
ULTRA THIN MIS 33G	OTC
ULTRA THIN MIS LAN 31G	OTC
ULTRA THIN MIS LANC 28G	OTC
ULTRA THIN MIS LANC 30G	OTC
ULTRA THIN MIS LANCETS	OTC
UNILET CMFR MIS TCH 28G	OTC
UNILET CMFR MIS TCH 30G	OTC
UNILET EX II MIS 28G	OTC
UNILET EXCEL MIS 23G	OTC
UNILET G.P MIS SUPR 23G	OTC

DRUG NAME	REQUIREMENTS/LIMITS
UNILET G.P. MIS 21G	OTC
UNILET GP 28 MIS ULT THIN	OTC
UNILET LANCE MIS 21G	OTC
UNILET LANCE MIS 28G	OTC
UNILET LANCE MIS 33G	OTC
UNILET LANCT MIS 28G	OTC
UNILET LANCT MIS 30G	OTC
UNILET LANCT MIS 33G	OTC
UNILET MICRO MIS 33G	OTC
UNILET MIS 21G	OTC
UNILET SUPER MIS 23G	OTC
UNILET SUPER MIS G.P. 23G	OTC
UNIVERSAL 1 MIS 33G	OTC
UNIVERSAL 1 MIS LANC 26G	OTC
UNIVERSAL 1 MIS LANC 30G	OTC
VIVAGUARD MIS 30G	OTC
ZEVX TWIST MIS LANC 30G	OTC

MISC. DEVICES

ALCOHOL PAD 70%	QL (200 ea / 25 days), OTC
ALCOHOL PAD PREP	QL (200 ea / 25 days), OTC
ALCOHOL PADS PAD 70%	QL (200 ea / 25 days), OTC
ALCOHOL PREP PAD	QL (200 ea / 25 days), OTC
ALCOHOL PREP PAD 70%	QL (200 ea / 25 days), OTC
ALCOHOL PREP PAD MED 70%	QL (200 ea / 25 days), OTC
ALCOHOL SWAB PAD	QL (200 ea / 25 days), OTC
ALCOHOL SWAB PAD 70%	QL (200 ea / 25 days), OTC
ALCOHOL SWAB PAD EX-THICK	QL (200 ea / 25 days), OTC
BD SWAB BFLY PAD SNGL USE	QL (200 ea / 25 days), OTC
BD SWAB REG PAD SNGL USE	QL (200 ea / 25 days), OTC
COMFRT TOUCH PAD ALC PREP	QL (200 ea / 25 days), OTC
CURITY PREP PAD ALCOHOL	QL (200 ea / 25 days), OTC
CURITY SWABS PAD ALCOHOL	QL (200 ea / 25 days), OTC
ESSENTRA MIS 9X9"	QL (200 ea / 25 days)
FIFTY50 PREP PAD PADS	QL (200 ea / 25 days), OTC
GNP ALCOHOL PAD SWABS	QL (200 ea / 25 days), OTC
HM STERILE PAD ALCHOL	QL (200 ea / 25 days), OTC
INCONTROL PAD ALCOHOL	QL (200 ea / 25 days), OTC
LMA MAD MIS NASAL	
MUCOSAL ATOM MIS DEVICE	OTC
PREP PADS PAD	QL (200 ea / 25 days), OTC
PURE COMFORT PAD	QL (200 ea / 25 days), OTC
QC ALCOHOL PAD SWABS	QL (200 ea / 25 days), OTC

DRUG NAME	REQUIREMENTS/LIMITS
RA ALCOHOL PAD SWABS	QL (200 ea / 25 days), OTC
REALITY SWAB PAD	QL (200 ea / 25 days), OTC
SB ALCOHOL PAD PREP	QL (200 ea / 25 days), OTC
SM ALCOHOL PAD PREP	QL (200 ea / 25 days), OTC
TRUE COMFORT PAD PRO	QL (200 ea / 25 days), OTC
ULTICARE PAD ALCOHOL	QL (200 ea / 25 days), OTC
ULTILET PAD ALCOHOL	QL (200 ea / 25 days), OTC
WEBCOL PREP PAD LARGE	QL (200 ea / 25 days), OTC
WEBCOL PREP PAD MEDIUM	QL (200 ea / 25 days), OTC
ZEVX STERIL PAD ALCHOL	QL (200 ea / 25 days), OTC

PARENTERAL THERAPY SUPPLIES

BD HYPO NEED MIS 18GX1.5"	OTC
BD INTEGRA MIS 25GX1"	OTC
BD NEEDLES MIS 18GX1.5"	OTC
BD PLASTIPAK MIS 3ML	OTC
BD U-500 MIS 31GX6MM	QL (150 ea / 30 days)
EASY GLIDE MIS 3ML SYR	OTC
EASYPOINT MIS 18GX1.5"	OTC
FILL NEEDLE MIS 18GX1.5"	OTC
HYPO NEEDLE MIS 18GX1.5"	
HYPO NEEDLE MIS 18GX1.5"	OTC
INSULIN SYRG MIS 0.3/29G	QL (150 ea / 30 days), OTC; TRUEPLUS
INSULIN SYRG MIS 0.3/30G	QL (150 ea / 30 days), OTC; TRUEPLUS
INSULIN SYRG MIS 0.3/31G	QL (150 ea / 30 days), OTC; TECHLITE
INSULIN SYRG MIS 0.3/31G	QL (150 ea / 30 days), OTC; TRUEPLUS
INSULIN SYRG MIS 0.5/28G	QL (150 ea / 30 days), OTC; TRUEPLUS
INSULIN SYRG MIS 0.5/29G	QL (150 ea / 30 days), OTC; TRUEPLUS
INSULIN SYRG MIS 0.5/30G	QL (150 ea / 30 days), OTC; TECHLITE
INSULIN SYRG MIS 0.5/30G	QL (150 ea / 30 days), OTC; TRUEPLUS
INSULIN SYRG MIS 0.5/31G	QL (150 ea / 30 days), OTC; TECHLITE
INSULIN SYRG MIS 0.5/31G	QL (150 ea / 30 days), OTC; TRUEPLUS
INSULIN SYRG MIS 1ML/28G	QL (150 ea / 30 days), OTC; TRUEPLUS

DRUG NAME	REQUIREMENTS/LIMITS
INSULIN SYRG MIS 1ML/29G	QL (150 ea / 30 days), OTC; TRUEPLUS
INSULIN SYRG MIS 1ML/30G	QL (150 ea / 30 days), OTC; TECHLITE
INSULIN SYRG MIS 1ML/30G	QL (150 ea / 30 days), OTC; TRUEPLUS
INSULIN SYRG MIS 1ML/31G	QL (150 ea / 30 days), OTC; TECHLITE
INSULIN SYRG MIS 1ML/31G	QL (150 ea / 30 days), OTC; TRUEPLUS
3ML LL SYRNG MIS 22GX1"	OTC
3ML LL SYRNG MIS 25GX1"	
3ML LL SYRNG MIS 25GX1"	OTC
3ML LUER LOC MIS 22GX1"	OTC
3ML LUER LOC MIS 25GX1"	OTC
NEEDLES MIS 18GX1.5"	OTC
PATIENT SAFE MIS SYRG 3ML	OTC
PEN NEEDLES MIS 29GX10MM	QL (200 ea / 25 days), OTC; TECHLITE
PEN NEEDLES MIS 29GX12.7	QL (200 ea / 25 days), OTC; TRUEPLUS
PEN NEEDLES MIS 29GX12MM	QL (200 ea / 25 days), OTC; TECHLITE
PEN NEEDLES MIS 31GX5MM	QL (200 ea / 25 days), OTC; TRUEPLUS
PEN NEEDLES MIS 31GX6MM	QL (200 ea / 25 days), OTC; TRUEPLUS
PEN NEEDLES MIS 31GX8MM	QL (200 ea / 25 days), OTC; TRUEPLUS
PEN NEEDLES MIS 32GX4MM	QL (200 ea / 25 days), OTC; TRUEPLUS
PEN NEEDLES MIS 32GX6MM	QL (200 ea / 25 days), OTC; TECHLITE
PEN NEEDLES MIS 32GX8MM	QL (200 ea / 25 days), OTC; TECHLITE
PHARM TRAY MIS 3ML/LL	
POLY HUB MIS 18GX1.5"	OTC
SAFTY NEEDLE MIS 18GX1.5"	
SECURESAFE MIS 18GX1.5"	OTC
2-3ML SYRING MIS LUER LCK	OTC
2-3ML SYRING MIS LUER SLP	OTC
3ML SYRINGE MIS 22G X 1"	OTC
3ML SYRINGE MIS 22GX1"	OTC

DRUG NAME	REQUIREMENTS/LIMITS
3ML SYRINGE MIS 25GX1"	
3ML SYRINGE MIS 25GX1"	OTC
3ML SYRINGE MIS CANNULA	
3ML SYRINGE MIS LUER LOC	OTC
3ML SYRINGE MIS LUER LOK	
3ML SYRINGE MIS LUER LOK	OTC
3ML SYRINGE MIS LUER SLP	OTC
3ML SYRINGE MIS LUER-LOK	
3ML SYRINGE MIS REG LUER	
3ML SYRINGE MIS REG TIP	

RESPIRATORY THERAPY SUPPLIES

ACE AERO CLD MIS ENHANCER	QL (1 ea / year)
ACTIVITY PCH MIS	QL (1 ea / year)
ADULT MASK MIS LARGE	QL (1 ea / year)
AERCHMBR PLS MIS FLOW-VU	QL (1 ea / year)
AERCHMBR PLS MIS LRG MASK	QL (1 ea / year)
AERCHMBR PLS MIS MED MASK	QL (1 ea / year)
AERCHMBR PLS MIS SM MASK	QL (1 ea / year)
AERCHMBR Z- MIS STAT PLS	QL (1 ea / year)
AERIVA MIS CON/NEB	OTC
AEROCHAMBER MIS CHAMBER	QL (1 ea / year)
AEROCHAMBER MIS FLOSIGNA	QL (1 ea / year)
AEROCHAMBER MIS MV	QL (1 ea / year)
AEROCHAMBER MIS PLUS	QL (1 ea / year)
AEROECLIPSE MIS II NEB	
AEROSOL MASK MIS ADULT	QL (1 ea / year)
AEROSOL MASK MIS ADULT	QL (1 ea / year), OTC
AEROTRC PLUS MIS	QL (1 ea / year)
AEROVENT MIS PLUS	QL (1 ea / year)
AIR TUBE MIS /PLUGS	QL (1 ea / year)
AIRS DISPOSA MIS NEBULIZR	OTC
AIRS PEDIATR MIS MASK	QL (1 ea / year)
AIRZONE PEAK MIS FLOW MTR	QL (1 ea / year), OTC
ALL-IN-ONE MIS NEBULIZR	OTC
ALTERA MIS NEBULIZE	
ALTERA NEB MIS HANDSET	QL (1 ea / year)
ASSESS METER MIS FULL	QL (1 ea / year), OTC
ASSESS METER MIS LOW	QL (1 ea / year), OTC
AURA MIS PORTANEB	
BENTLEY THE MIS BEAR	
BREATHE EASE MIS LG MASK	QL (1 ea / year)
BREATHE EASE MIS MED MASK	QL (1 ea / year)

DRUG NAME	REQUIREMENTS/LIMITS
BREATHE EASE MIS SM MASK	QL (1 ea / year)
BUBBLES PEDI MIS MASK	QL (1 ea / year), OTC
CAPTAIN MIS EAGLE	
CARETOUCH MIS CPAP	QL (1 ea / year)
CLEVER CHOIC MIS NEBULIZR	
CO MONITOR MIS T PIECES	QL (1 ea / year)
COMP A-I-R MIS NEBULIZE	
COMP AIR MIS COMP/NEB	
COMPACT SPAC MIS CHAMBER	QL (1 ea / year)
COMPACT SPAC MIS LG MASK	QL (1 ea / year)
COMPACT SPAC MIS MD MASK	QL (1 ea / year)
COMPACT SPAC MIS SM MASK	QL (1 ea / year)
COMPMIST MIS NEBULIZE	OTC
COMPRESSOR MIS NEBULIZE	
COMPRESSOR MIS NEBULIZR	OTC
CONVERSION MIS BABY SZ1	QL (1 ea / year)
CONVERSION MIS BABY SZ2	QL (1 ea / year)
CONVERSION MIS BABY SZ3	QL (1 ea / year)
CPAP & BIPAP MIS HOSE	QL (1 ea / year)
2 CPAP HOSE MIS HANGER	QL (1 ea / year)
CPAP MASK MIS WIPES	QL (1 ea / year)
CPAP NEURAL MIS PRE-WASH	QL (1 ea / year)
EASIVENT MIS	QL (1 ea / year)
EASIVENT MIS MASK LG	QL (1 ea / year)
EASIVENT MIS MASK MED	QL (1 ea / year)
EASIVENT MIS MASK SM	QL (1 ea / year)
EASY AIR COM MIS NEBULIZE	OTC
EASY FLOW MIS 300MM	QL (1 ea / year), OTC
EASY FLOW MIS 400MM	QL (1 ea / year), OTC
EASY FLOW MIS AIR NOZZ	QL (1 ea / year), OTC
EASY FLOW MIS HEPA FIL	QL (1 ea / year), OTC
EASY NEB MIS	OTC
ELITE COMPRS MIS NEBULIZR	OTC
ERAPID MIS NEBULIZE	
ERAPID NEB MIS HANDSET	QL (1 ea / year)
FILTER AIR MIS PP	QL (1 ea / year)
FLEXICHAMBER MIS	QL (1 ea / year)
FLYP HYPERSO MIS CARTRIDG	QL (1 ea / year), OTC
FLYP NEBULZR MIS	
FLYP NEBULZR MIS POCKET	
FULL KIT NEB MIS SET	QL (1 ea / year)
HOLD CHAMBER MIS ADLT LG	QL (1 ea / year)

DRUG NAME	REQUIREMENTS/LIMITS
HOLD CHAMBER MIS ADLT LG	QL (1 ea / year), OTC
HOLD CHAMBER MIS MEDIUM	QL (1 ea / year)
HOLD CHAMBER MIS MEDIUM	QL (1 ea / year), OTC
HOLD CHAMBER MIS SMALL	QL (1 ea / year)
HOLD CHAMBER MIS SMALL	QL (1 ea / year), OTC
HOMENEB MIS SIDESTRE	OTC
INNOSPIRE ES MIS NEBULIZE	
INNOSPIRE MIS PORTABLE	OTC
INSPIRACHAMB MIS LARGE	QL (1 ea / year)
INSPIRACHAMB MIS MEDIUM	QL (1 ea / year)
INSPIRACHAMB MIS MOUTHPCCE	QL (1 ea / year)
INSPIRACHAMB MIS SMALL	QL (1 ea / year)
INSPIREASE MIS DD SYST	QL (1 ea / year)
LITETOUCH MIS MASK LG	QL (1 ea / year)
LITETOUCH MIS MASK MD	QL (1 ea / year)
LITETOUCH MIS MASK SM	QL (1 ea / year)
LUMINEB II MIS NEBULIZR	
LUNG PERFM MIS METER	QL (1 ea / year), OTC
MABIS COMPXP MIS COMP/NEB	OTC
MABIS COSMO MIS NEBULIZR	
MARGO MOO MIS NEBULIZE	OTC
MEDNEB NEBUL MIS DISP NEB	
MEDNEB NEBUL MIS REUS/BAG	OTC
MEDNEB NEBUL MIS REUSE/DI	OTC
MICROAIR MIS VIB MESH	
MICROCHAMBER MIS	QL (1 ea / year)
MICROLIFE MIS PEAK FLO	QL (1 ea / year), OTC
MICRONEB MIS TABLETOP	
MINI COMPRES MIS NEBULIZR	
MINI WRIGHT MIS PFM	QL (1 ea / year), OTC
MINI WRIGHT MIS PFM LOW	QL (1 ea / year), OTC
MINI-MIST MIS PORTABLE	OTC
MINIBREEZE MIS NEBULIZE	OTC
MINIELITE MIS FILTERS	QL (1 ea / year), OTC
NEB-RITE4 MIS	
NEB-RITE4 MIS	OTC
NEBULIZER MIS MASK CHD	QL (1 ea / year)
NEBULIZER MIS MASK INF	QL (1 ea / year)
NEBULIZER MIS PED FROG	
NEBULIZER MIS ULTRASON	
NEBULIZER SY KIT ALLINONE	
NOSE CLIP MIS	QL (1 ea / year), OTC

DRUG NAME	REQUIREMENTS/LIMITS
OPTICHAMBER MIS DIA LG	QL (1 ea / year)
OPTICHAMBER MIS DIA MD	QL (1 ea / year)
OPTICHAMBER MIS DIA SM	QL (1 ea / year)
OPTICHAMBER MIS DIAMOND	QL (1 ea / year)
PARI BABY MIS SIZE 0	
PARI BABY MIS SIZE 1	
PARI BABY MIS SIZE 2	
PARI EXPIRAT MIS FILTER	QL (1 ea / year)
PARI LC MIS SPRINT	
PARI LC PLUS MIS	
PARI LC PLUS MIS NEBULIZR	
PARI LC PLUS MIS VIOS PRO	
PARI LC STAR MIS	
PARI MASK MIS SIZE 3	QL (1 ea / year)
PARI PLASTIC MIS MASK	QL (1 ea / year)
PARI PLASTIC MIS MASK PED	QL (1 ea / year)
PARI SINUS MIS AERO SYS	
PARI SMRTMSK MIS BABY	QL (1 ea / year), OTC
PARI TREK S MIS	
PARI VORTEX MIS ADL MASK	QL (1 ea / year), OTC
PEAK A-I-R MIS FLW METR	QL (1 ea / year), OTC
PEAK AIR FLO MIS ADLT/PED	QL (1 ea / year), OTC
PEAK FLOW MIS METER	QL (1 ea / year), OTC
PEAK FLW MTR MIS ADULT	QL (1 ea / year), OTC
PEAK FLW MTR MIS CHILD	QL (1 ea / year), OTC
PEAK FLW MTR MIS UNIVERSL	QL (1 ea / year), OTC
PED COMPRESS MIS NEBULIZE	
PEDIATRIC MIS MOUTHPIE	QL (1 ea / year), OTC
PERSONAL BES MIS FULL RNG	QL (1 ea / year), OTC
PFLEX MIS	QL (1 ea / year)
PFT FILTER MIS 1000	QL (1 ea / year)
PHARM CHOICE MIS WIPES	QL (1 ea / year), OTC
PIKO 1 MIS ELECTRON	QL (1 ea / year), OTC
PILLOW MASK MIS ADULT	QL (1 ea / year)
PILLOW MASK MIS CHILD	QL (1 ea / year)
PILLOW MASK MIS PEDIATRI	QL (1 ea / year)
POCKET CHAMB MIS	QL (1 ea / year)
POCKET PEAK MIS METER	QL (1 ea / year), OTC
POCKET SPACE MIS	QL (1 ea / year)
POCKETPEAK MIS MTR LOW	QL (1 ea / year), OTC
PORT COMPRES MIS NEBULIZR	OTC
PROCARE COMP MIS NEBULIZE	OTC

DRUG NAME	REQUIREMENTS/LIMITS
PROCARE MIS ADULT	QL (1 ea / year), OTC
PROCARE MIS CHILD	QL (1 ea / year), OTC
PRONEB MAX MIS LC PLUS	
PRONEB MAX MIS LC SPRNT	
PRONEB ULTRA MIS FILTER	QL (1 ea / year), OTC
PULMONEB LT MIS NEBULIZE	
PURE AIR MIN MIS NEBULIZE	OTC
REPLACEMENT MIS FILTER	QL (1 ea / year)
REPLACEMENT MIS FILTERS	QL (1 ea / year), OTC
RITEFLO MIS	QL (1 ea / year)
SIDESTREAM MIS MASK	QL (1 ea / year)
SIDESTREAM MIS MASK	QL (1 ea / year), OTC
SIDESTREAM MIS NEBULIZR	
SIDESTREAM MIS PED MASK	QL (1 ea / year)
SIDESTREAM MIS PED MASK	QL (1 ea / year), OTC
SIDESTREAM MIS PLUS	
SIDESTRM PLS MIS FACE MSK	QL (1 ea / year), OTC
SILICONE MSK MIS ADULT	QL (1 ea / year)
SILICONE MSK MIS INFANT	QL (1 ea / year)
SILICONE MSK MIS PED	QL (1 ea / year)
SOOTHE NEB MIS NEBULIZE	
SOOTHENEB MIS COMP NEB	
SOOTHENEB MIS MED CUP	QL (1 ea / year), OTC
SOOTHENEB MIS MESH CAP	QL (1 ea / year), OTC
SOOTHENEB MIS NBL 100	QL (1 ea / year), OTC
SPACE CHAMBR MIS ANTI-STA	QL (1 ea / year), OTC
SPACE CHAMBR MIS LARGE	QL (1 ea / year), OTC
SPACE CHAMBR MIS MEDIUM	QL (1 ea / year), OTC
SPACE CHAMBR MIS SMALL	QL (1 ea / year), OTC
SPACER CHAMB MIS ADULT	QL (1 ea / year), OTC
SPACER CHAMB MIS CHILD	QL (1 ea / year), OTC
SPACER CHAMB MIS INFANT	QL (1 ea / year), OTC
SPARKY THE MIS DOG	
THRESHOLD MIS IMT	QL (1 ea / year)
TRUZONE PEAK MIS FLOW MTR	QL (1 ea / year)
TUBE CLEANIN MIS BRUSH	QL (1 ea / year)
VIOS LC MIS SPRINT	
VIOS LC PLUS MIS	
VIOS LC PLUS MIS DELUXE	
VIOS LC PLUS MIS PEDIATRC	
VIOS MIS SYSTEM	
VIOS PRO LC MIS SPRINT	

DRUG NAME	REQUIREMENTS/LIMITS
VIOS PRO LC+ MIS SYSTEM	
VORTEX VALVE MIS CHAMBER	QL (1 ea / year)
WHISPER AIRE MIS AER DELI	
WHISPER AIRE MIS PED AERO	
WHISPER AIRE MIS PED NEBU	
WILLIS THE MIS WHALE	OTC
WINDMILL MIS TRAINER	QL (1 ea / year)
WING TIP MIS TUBING	QL (1 ea / year), OTC

MIGRAINE PRODUCTS - DRUGS TO TREAT SEVERE HEADACHES

SEROTONIN AGONISTS

<i>naratriptan hcl tab 1 mg (base equiv)</i>	QL (9 ea / 25 days)
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	QL (9 ea / 25 days)
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	QL (12 ea / 25 days)
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	QL (12 ea / 25 days)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	QL (12 ea / 25 days)
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	QL (12 ea / 25 days)
<i>sumatriptan succinate tab 25 mg</i>	QL (9 ea / 25 days)
<i>sumatriptan succinate tab 50 mg</i>	QL (9 ea / 25 days)
<i>sumatriptan succinate tab 100 mg</i>	QL (9 ea / 25 days)

MINERALS & ELECTROLYTES - DRUGS FOR NUTRITION

CALCIUM

<i>calcium 600 tab + d</i>	OTC
<i>calcium carbonate tab 1500 mg (600 mg elemental ca)</i>	OTC
<i>calcium carbonate-cholecalciferol chew tab 600 mg-400 unit</i>	OTC
<i>calcium carbonate-cholecalciferol tab 250 mg-125 unit</i>	OTC
<i>calcium carbonate-cholecalciferol tab 500 mg-200 unit</i>	OTC
<i>calcium carbonate-cholecalciferol tab 500 mg-400 unit</i>	OTC
<i>calcium carbonate-cholecalciferol tab 600 mg-200 unit</i>	OTC
<i>calcium cit/ tab vit d</i>	OTC
<i>calcium citr tab +d</i>	OTC
<i>calcium citrate-vitamin d tab 200 mg-250 unit (elemental ca)</i>	OTC
<i>calcium citrate-vitamin d tab 315 mg-250 unit (elemental ca)</i>	OTC

DRUG NAME	REQUIREMENTS/LIMITS
<i>calcium tab 500/d</i>	OTC
<i>calcium+d3 tab 600-800</i>	OTC
<i>calcium+d tab 600-800</i>	OTC
<i>gnp calcium tab cit +d3</i>	OTC
<i>os calcium tab /vit d</i>	OTC
<i>os-cal + d3 tab 500-200</i>	OTC
<i>os-cal chw</i>	OTC
<i>oys shell+d chw 500-400</i>	OTC
<i>oys shell+d tab 250-125</i>	OTC
<i>oysco 500+d tab</i>	OTC
<i>oyst shell/d tab 500-5mcg</i>	OTC
<i>oyst shell/d tab 500mg</i>	OTC
<i>oyster shell calcium tab 500 mg</i>	OTC
RISACAL-D TAB	OTC
<i>sm ca/mg/zn tab</i>	OTC
<i>sm calcium tab /vit d3</i>	OTC
<i>sm calcium/d tab 600-400</i>	OTC

ELECTROLYTE MIXTURES

<i>gnp electrol sol</i>	OTC
<i>oral electrolyte solution</i>	OTC
<i>oralyte sol freeze</i>	OTC
<i>ped elctrylt sol freezer</i>	OTC
<i>ped elctrylt sol grape</i>	OTC
<i>ped elctrylt sol unflavrd</i>	OTC
<i>rehydralyte sol</i>	OTC

FLUORIDE

<i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</i>	QL (30 ea / 30 days)
<i>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)</i>	QL (30 ea / 30 days)
<i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf)</i>	QL (30 ea / 30 days)
<i>sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)</i>	QL (50 mL / 30 days)

MAGNESIUM

<i>magnesium oxide tab 400 mg (240 mg elemental mg)</i>	OTC
<i>magnesium oxide tab 400 mg (241.3 mg elemental mg)</i>	OTC
<i>magnesium oxide tab 500 mg (mg supplement)</i>	OTC
<i>magnesium tab 250mg</i>	OTC
<i>magnesium-ox tab 400mg</i>	OTC

PHOSPHATE

<i>phospha 250 tab neutral</i>	QL (120 ea / 30 days)
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DRUG NAME	REQUIREMENTS/LIMITS
<i>phospho-trin tab 250 neut</i>	QL (120 ea / 30 days)
<i>virt-phos tab 250 neut</i>	QL (120 ea / 30 days)
POTASSIUM	
<i>effer-k tab 25meq ef</i>	QL (60 ea / 30 days)
<i>klor-con 8 tab 8meq er</i>	QL (120 ea / 30 days)
<i>klor-con 10 tab 10meq er</i>	QL (120 ea / 30 days)
<i>klor-con m10 tab 10meq er</i>	QL (120 ea / 30 days)
<i>klor-con m20 tab 20meq er</i>	QL (150 ea / 30 days)
<i>klor-con/ef tab 25meq fr</i>	QL (60 ea / 30 days)
<i>potassium chloride cap er 8 meq</i>	QL (120 ea / 30 days)
<i>potassium chloride cap er 10 meq</i>	QL (120 ea / 30 days)
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	QL (120 ea / 30 days)
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	QL (150 ea / 30 days)
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	
<i>potassium chloride tab er 8 meq (600 mg)</i>	QL (120 ea / 30 days)
<i>potassium chloride tab er 10 meq</i>	QL (120 ea / 30 days)
<i>potassium chloride tab er 20 meq (1500 mg)</i>	QL (150 ea / 30 days)
SODIUM	
<i>sodium chloride tab 1 gm</i>	OTC
ZINC	
<i>zinc sulfate cap 220 mg (50 mg elemental zn)</i>	OTC
MISCELLANEOUS THERAPEUTIC CLASSES	
CHELATING AGENTS	
<i>penicillamine tab 250 mg</i>	PA
IMMUNOMODULATORS	
REVLIMID CAP 5MG	SP, PA, QL (30 ea / 30 days)
REVLIMID CAP 10MG	SP, PA, QL (30 ea / 30 days)
REVLIMID CAP 15MG	SP, PA, QL (30 ea / 30 days)
REVLIMID CAP 25MG	SP, PA, QL (30 ea / 30 days)
THALOMID CAP 100MG	SP, PA, QL (30 ea / 30 days)
IMMUNOSUPPRESSIVE AGENTS	
<i>azathioprine tab 50 mg</i>	QL (240 ea / 30 days)
<i>cyclosporine cap 25 mg</i>	
<i>cyclosporine cap 100 mg</i>	
<i>cyclosporine modified cap 25 mg</i>	QL (450 ea / 30 days)
<i>cyclosporine modified cap 50 mg</i>	QL (450 ea / 30 days)
<i>cyclosporine modified cap 100 mg</i>	QL (300 ea / 30 days)
<i>cyclosporine modified oral soln 100 mg/ml</i>	QL (300 mL / 30 days)
ENVARUSUS XR TAB 0.75MG	

DRUG NAME	REQUIREMENTS/LIMITS
ENVARUSUS XR TAB 1MG	
ENVARUSUS XR TAB 4MG	
<i>gengraf cap 25mg</i>	QL (450 ea / 30 days)
<i>gengraf cap 100mg</i>	QL (300 ea / 30 days)
<i>gengraf sol 100mg/ml</i>	QL (300 mL / 30 days)
<i>mycophenolate mofetil cap 250 mg</i>	QL (360 ea / 30 days)
<i>mycophenolate mofetil tab 500 mg</i>	QL (240 ea / 30 days)
NEORAL CAP 25MG	QL (450 ea / 30 days)
NEORAL CAP 100MG	QL (300 ea / 30 days)
NEORAL SOL 100MG/ML	QL (300 mL / 30 days)
<i>tacrolimus cap 0.5 mg</i>	QL (60 ea / 30 days)
<i>tacrolimus cap 1 mg</i>	QL (420 ea / 30 days)
<i>tacrolimus cap 5 mg</i>	

IRRIGATION SOLUTIONS

water for irrigation, sterile irrigation soln

POTASSIUM REMOVING AGENTS

LOKELMA PAK 5GM	QL (90 ea / 30 days)
LOKELMA PAK 10GM	QL (90 ea / 30 days)
<i>sodium polystyrene sulfonate powder</i>	
<i>sps sus 15gm/60</i>	
VELTASSA POW 8.4GM	QL (30 ea / 30 days)
VELTASSA POW 16.8GM	QL (30 ea / 30 days)
VELTASSA POW 25.2GM	QL (30 ea / 30 days)

MOUTH/THROAT/DENTAL AGENTS - DRUGS FOR THE MOUTH AND THROAT

ANESTHETICS TOPICAL ORAL

lidocaine hcl viscous soln 2%

ANTI-INFECTIVES - THROAT

<i>clotrimazole troche 10 mg</i>	QL (150 ea / 30 days)
<i>nystatin susp 100000 unit/ml</i>	QL (3600 mL / 30 days)

ANTISEPTICS - MOUTH/THROAT

chlorhexidine gluconate soln 0.12%

DENTAL PRODUCTS

<i>denta 5000 cre plus</i>	
<i>denta 5000 cre plus 2pk</i>	
<i>dentagel gel 1.1%</i>	
<i>sf 5000 plus cre 1.1%</i>	
<i>sf gel 1.1%</i>	
<i>sod fluoride gel 1.1%</i>	
<i>sodium fluor cre 5000 pls</i>	
<i>sodium fluor cre 5000 ppm</i>	
<i>sodium fluoride gel 1.1% (0.5% f)</i>	

DRUG NAME	REQUIREMENTS/LIMITS
STERIODS - MOUTH/THROAT/DENTAL	
<i>oralone dent pst 0.1%</i>	
<i>triamcinolone acetonide dental paste 0.1%</i>	
THROAT PRODUCTS - MISC.	
<i>pilocarpine hcl tab 5 mg</i>	
<i>pilocarpine hcl tab 7.5 mg</i>	
MULTIVITAMINS - DRUGS FOR NUTRITION	
B-COMPLEX W/ FOLIC ACID	
<i>dialyvite tab</i>	
<i>dialyvite tab 800</i>	OTC
<i>folbee plus tab</i>	
<i>nephronex tab</i>	
<i>rena-vite rx tab</i>	OTC
<i>rena-vite tab</i>	OTC
<i>renal cap</i>	QL (60 ea / 30 days)
<i>renal-vite tab</i>	OTC
<i>reno cap</i>	QL (60 ea / 30 days)
<i>reno cap</i>	QL (60 ea / 30 days), OTC
<i>triphrocaps cap</i>	QL (60 ea / 30 days)
<i>virt-caps cap</i>	QL (60 ea / 30 days)
<i>vp-vite rx tab</i>	
<i>wescaps cap</i>	QL (60 ea / 30 days)
MULTIPLE VITAMINS W/ IRON	
<i>daily multi tab vit/iron</i>	QL (30 ea / 30 days), OTC
<i>daily vit tab +iron</i>	QL (30 ea / 30 days), OTC
<i>daily vit tab iron</i>	QL (30 ea / 30 days), OTC
<i>sm multiple tab vit/iron</i>	QL (30 ea / 30 days), OTC
<i>tab-a-vite tab /iron</i>	QL (30 ea / 30 days), OTC
MULTIPLE VITAMINS W/ MINERALS	
<i>cerovite tab senior</i>	QL (30 ea / 30 days), OTC
<i>certa plus tab</i>	QL (30 ea / 30 days), OTC
<i>certavite/ tab antioxidant</i>	QL (30 ea / 30 days), OTC
<i>compete tab</i>	QL (30 ea / 30 days), OTC
<i>daily diet tab support</i>	QL (30 ea / 30 days), OTC
<i>daily multi tab vit/mens</i>	QL (30 ea / 30 days), OTC
<i>daily multi tab vit/min</i>	QL (30 ea / 30 days), OTC
<i>daily vit tab +mineral</i>	QL (30 ea / 30 days), OTC
<i>dialyvite tab 800/d</i>	QL (30 ea / 30 days), OTC
<i>eyeprotect tab</i>	QL (30 ea / 30 days), OTC
<i>glucoten cap</i>	QL (30 ea / 30 days), OTC
<i>gnp century tab</i>	QL (30 ea / 30 days), OTC
<i>gnp century tab senior</i>	QL (30 ea / 30 days), OTC

DRUG NAME	REQUIREMENTS/LIMITS
<i>gnp century tab ultimate</i>	QL (30 ea / 30 days), OTC
<i>gnp healthy tab eyes</i>	QL (30 ea / 30 days), OTC
<i>healthy eyes cap supervis</i>	QL (30 ea / 30 days), OTC
<i>healthy eyes tab</i>	QL (30 ea / 30 days), OTC
<i>i-vite tab</i>	QL (30 ea / 30 days), OTC
<i>icaps cap</i>	QL (30 ea / 30 days), OTC
<i>icaps lutein cap /omega-3</i>	QL (30 ea / 30 days), OTC
<i>icaps mv tab</i>	QL (30 ea / 30 days), OTC
<i>mega multi tab men</i>	QL (30 ea / 30 days), OTC
<i>mega multi tab women</i>	QL (30 ea / 30 days), OTC
<i>multi-vite tab</i>	QL (30 ea / 30 days), OTC
<i>multi-vite tab 50&over</i>	QL (30 ea / 30 days), OTC
<i>multivitamin tab womens</i>	QL (30 ea / 30 days), OTC
<i>nutrifac zx tab</i>	QL (30 ea / 30 days)
<i>ocuvite eye cap health</i>	QL (30 ea / 30 days), OTC
<i>ocuvite eye tab + multi</i>	QL (30 ea / 30 days), OTC
<i>ocuvite tab lutein</i>	QL (30 ea / 30 days), OTC
<i>ocuvite xtra tab</i>	QL (30 ea / 30 days), OTC
<i>one daily tab mens</i>	QL (30 ea / 30 days), OTC
<i>one daily tab mens 50+</i>	QL (30 ea / 30 days), OTC
<i>one daily tab plus iro</i>	QL (30 ea / 30 days), OTC
<i>one daily tab wom 50+</i>	QL (30 ea / 30 days), OTC
<i>one daily tab womens</i>	QL (30 ea / 30 days), OTC
<i>prosight tab</i>	QL (30 ea / 30 days), OTC
<i>qc therin-m tab</i>	QL (30 ea / 30 days), OTC
<i>renaplex tab</i>	QL (30 ea / 30 days), OTC
<i>sentry tab</i>	QL (30 ea / 30 days), OTC
<i>sentry tab senior</i>	QL (30 ea / 30 days), OTC
<i>sm complete tab</i>	QL (30 ea / 30 days), OTC
<i>sm complete tab adv form</i>	QL (30 ea / 30 days), OTC
<i>sm complete tab senior</i>	QL (30 ea / 30 days), OTC
<i>sm opti-vita tab</i>	QL (30 ea / 30 days), OTC
<i>systane icap cap areds2</i>	QL (30 ea / 30 days), OTC
<i>thera-m tab</i>	QL (30 ea / 30 days), OTC
<i>therapeutic tab</i>	QL (30 ea / 30 days), OTC
<i>v-c forte cap</i>	QL (30 ea / 30 days)
<i>vic-forte cap</i>	QL (30 ea / 30 days)
<i>vita s forte tab</i>	QL (30 ea / 30 days)
<i>womens one tab daily</i>	QL (30 ea / 30 days), OTC

MULTIVITAMINS - DRUGS FOR NUTRITION

<i>daily tab vitamin</i>	QL (30 ea / 30 days), OTC; AGE (Max age 5 years)
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DRUG NAME	REQUIREMENTS/LIMITS
<i>daily-vite tab</i>	QL (30 ea / 30 days), OTC; AGE (Max age 5 years)
<i>essentl one tab daily</i>	QL (30 ea / 30 days), OTC; AGE (Max age 5 years)
<i>mult vitamin tab daily</i>	QL (30 ea / 30 days), OTC; AGE (Max age 5 years)
<i>multivitamin tab daily</i>	QL (30 ea / 30 days), OTC; AGE (Max age 5 years)
<i>one daily tab</i>	QL (30 ea / 30 days), OTC; AGE (Max age 5 years)
<i>qc essential tab</i>	QL (30 ea / 30 days), OTC; AGE (Max age 5 years)
<i>sm multiple tab vitamins</i>	QL (30 ea / 30 days), OTC; AGE (Max age 5 years)
<i>stress formu tab</i>	QL (30 ea / 30 days), OTC; AGE (Max age 5 years)
<i>tab-a-vite tab</i>	QL (30 ea / 30 days), OTC; AGE (Max age 5 years)
<i>tab-a-vite tab beta car</i>	QL (30 ea / 30 days), OTC; AGE (Max age 5 years)

PED MULTI VITAMINS W/FL & FE

<i>multi-vit/fe dro /fl 0.25</i>	QL (50 mL / 30 days), OTC; AGE (Max age 5 years)
<i>multi-vit/fl dro /fe 0.25</i>	QL (50 mL / 30 days); AGE (Max age 5 years)

PED MULTIPLE VITAMINS W/ MINERALS

<i>zoo friends chw</i>	QL (30 ea / 30 days), OTC
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PED MV W/ FLUORIDE

<i>multi vit/fl chw 0.25mg</i>	QL (30 ea / 30 days); AGE (Max age 5 years)
<i>multi vit/fl dro 0.5mg/ml</i>	QL (50 mL / 30 days), OTC; AGE (Max age 5 years)
<i>multi-vit/fl dro 0.5mg/ml</i>	QL (50 mL / 30 days); AGE (Max age 5 years)
<i>multivit/fl chw 0.5mg</i>	QL (30 ea / 30 days); AGE (Max age 5 years)
<i>multivit/fl chw 0.25mg</i>	QL (30 ea / 30 days); AGE (Max age 5 years)
<i>multivit/fl chw 1mg</i>	QL (60 ea / 30 days); AGE (Max age 5 years)
<i>multivit/fl dro 0.25mg</i>	QL (50 mL / 30 days); AGE (Max age 5 years)

DRUG NAME	REQUIREMENTS/LIMITS
<i>multivit/fl dro 0.25mg</i>	QL (50 mL / 30 days), OTC; AGE (Max age 5 years)
<i>pediatric vitamins acd w/ fluoride soln 0.5 mg/ml</i>	QL (50 mL / 30 days); AGE (Max age 5 years)
<i>tri-vit/fluo dro 0.5mg</i>	QL (50 mL / 30 days); AGE (Max age 5 years)
<i>tri-vit/fluo dro 0.25mg</i>	QL (60 mL / 30 days); AGE (Max age 5 years)
<i>vit a/c/d/fl dro 0.25mg</i>	QL (60 mL / 30 days); AGE (Max age 5 years)

PED MV W/ IRON

<i>animal shape chw complete</i>	OTC
<i>cerovite jr chw</i>	OTC
<i>child multiv chw iron</i>	QL (30 ea / 30 days), OTC
<i>childrens chw /iron</i>	QL (30 ea / 30 days), OTC
POLY-VI-SOL SOL IRON	QL (50 mL / 25 days), OTC
<i>qc childrens chw complete</i>	OTC
<i>qc childrens chw iron</i>	QL (30 ea / 30 days), OTC
<i>sm animal sh chw complete</i>	OTC
<i>zoo friends chw pls iron</i>	QL (30 ea / 30 days), OTC

PEDIATRIC MULTIPLE VITAMINS

<i>animal chews chw</i>	QL (30 ea / 30 days), OTC
<i>child chew/ chw extra c</i>	QL (30 ea / 30 days), OTC
<i>gnp little chw ones</i>	QL (30 ea / 30 days), OTC
<i>multivitamin chw children</i>	QL (30 ea / 30 days), OTC
POLY-VI-SOL SOL 50MG/ML	QL (50 mL / 25 days), OTC
<i>qc childrens chw extra c</i>	QL (30 ea / 30 days), OTC
<i>sm animal chw shapes</i>	QL (30 ea / 30 days), OTC
<i>zoo friends chw extra c</i>	QL (30 ea / 30 days), OTC
<i>zoo friends chw gummies</i>	QL (30 ea / 30 days), OTC

PEDIATRIC VITAMINS

TRI-VI-SOL SOL A/C/D	QL (50 mL / 25 days), OTC
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PRENATAL VITAMINS

CL PRENATAL TAB 28-0.8MG	QL (30 ea / 30 days), OTC
COMPLETENATE CHW	QL (30 ea / 30 days)
ENFAMIL MIS EXPECTA	QL (60 ea / 30 days), OTC
GNP PRENATAL TAB 28-0.8MG	QL (30 ea / 30 days), OTC
<i>inatal qt tab</i>	QL (30 ea / 30 days)
NATALVIT TAB 75-1MG	QL (30 ea / 30 days)
NIVA-PLUS TAB	QL (30 ea / 30 days)
<i>prenatabs rx tab</i>	QL (30 ea / 30 days)
<i>prenatal 19 chw tab</i>	QL (30 ea / 30 days)

DRUG NAME	REQUIREMENTS/LIMITS
PRENATAL 19 TAB	QL (30 ea / 30 days), OTC
PRENATAL TAB	QL (30 ea / 30 days), OTC
PRENATAL TAB 27-0.8MG	QL (30 ea / 30 days), OTC
PRENATAL TAB 27-1MG	QL (30 ea / 30 days)
PRENATAL TAB 28-0.8MG	QL (30 ea / 30 days), OTC
<i>prenatal tab plus</i>	QL (30 ea / 30 days)
PRENATAL VIT TAB LOW IRON	QL (30 ea / 30 days)
PRENATVITE TAB RX	QL (30 ea / 30 days)
QC PRENATAL TAB 28-0.8MG	QL (30 ea / 30 days), OTC
SE-NATAL 19 CHW	QL (30 ea / 30 days)
SE-NATAL 19 TAB	QL (30 ea / 30 days)
SM PRENATAL TAB VITAMINS	QL (30 ea / 30 days), OTC
TRINATAL RX TAB 1	QL (30 ea / 30 days)
VINATE II TAB	QL (30 ea / 30 days)
VINATE ONE TAB	QL (30 ea / 30 days)
VITAFOL-OB TAB 65-1MG	QL (30 ea / 30 days)

MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS

CENTRAL MUSCLE RELAXANTS

<i>baclofen tab 10 mg</i>	QL (90 ea / 30 days)
<i>baclofen tab 20 mg</i>	QL (120 ea / 30 days)
<i>chlorzoxazone tab 500 mg</i>	QL (180 ea / 30 days)
<i>cyclobenzaprine hcl tab 5 mg</i>	QL (90 ea / 30 days)
<i>cyclobenzaprine hcl tab 10 mg</i>	QL (90 ea / 30 days)
<i>methocarbamol tab 500 mg</i>	QL (180 ea / 30 days); AGE (Max age 64 years)
<i>methocarbamol tab 750 mg</i>	QL (300 ea / 30 days); AGE (Max age 64 years)
<i>orphenadrine citrate tab er 12hr 100 mg</i>	QL (60 ea / 30 days)
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	QL (90 ea / 30 days); AGE (Max age 64 years)
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	QL (270 ea / 30 days); AGE (Max age 64 years)

VISCOSUPPLEMENTS

EUFLEXXA INJ 10MG/ML	PA, QL (6 mL / 180 days)
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NASAL AGENTS - SYSTEMIC AND TOPICAL - DRUGS FOR THE NOSE

NASAL AGENTS - MISC.

<i>afrin saline spr 0.65%</i>	OTC
<i>ayr spr 0.65%</i>	OTC
<i>baby ayr spr 0.65%</i>	OTC
<i>deep sea spr 0.65%</i>	OTC
<i>hm saline spr 0.65%</i>	OTC

DRUG NAME	REQUIREMENTS/LIMITS
<i>nasal saline spr 0.65%</i>	OTC
<i>ocean kids spr 0.65%</i>	OTC
<i>saline mist spr 0.65%</i>	OTC

NASAL ANTIALLERGY

<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	QL (30 mL / 25 days)
<i>cromolyn sodium nasal aerosol soln 5.2 mg/act (4%)</i>	QL (52 mL / 25 days), OTC

NASAL ANTICHOLINERGICS

<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	

NASAL STEROIDS

<i>allergy relf spr 50mcg</i>	QL (16 mL / 25 days), OTC; AGE (Min age 4 years)
<i>allgy relief spr 50mcg</i>	QL (16 mL / 25 days), OTC; AGE (Min age 4 years)
<i>budesonide sus 32mcg</i>	QL (8.43 mL / 25 days), OTC; AGE (Min age 6 years)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	QL (16 gm / 25 days); AGE (Min age 4 years)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	QL (16 mL / 25 days), OTC; AGE (Min age 4 years)
<i>fluticasone sus 50mcg</i>	QL (16 mL / 25 days), OTC; AGE (Min age 4 years)
<i>24 hr nasal spr allergy</i>	QL (17 mL / 25 days), OTC; AGE (Min age 2 years)
<i>NASACORT ALR SPR 55MCG/AC</i>	QL (17 mL / 25 days), OTC; AGE (Min age 2 years)
<i>nasal allrgy spr 55mcg/ac</i>	QL (17 mL / 25 days), OTC; AGE (Min age 2 years)
<i>triamcinolone acetoneide nasal aerosol suspension 55 mcg/act</i>	QL (17 mL / 25 days), OTC; AGE (Min age 2 years)

SYMPATHOMIMETIC DECONGESTANTS

<i>decongestant tab 120mg er</i>	QL (60 ea / 30 days), OTC
<i>gnp deconge tab 30mg</i>	QL (180 ea / 30 days), OTC
<i>gnp nasal spr 0.05%</i>	OTC
<i>hm nasal spr 0.05%</i>	OTC
<i>12hour nasal spr 0.05%</i>	OTC
<i>12hr deconge tab 120mg cr</i>	QL (60 ea / 30 days), OTC
<i>12 hr nasal spr 0.05%</i>	OTC
<i>long acting spr 0.05%</i>	OTC
<i>mucinex chil sol 0.05%</i>	OTC

DRUG NAME	REQUIREMENTS/LIMITS
<i>mucinex nasl spr 0.05%</i>	OTC
<i>nasal 12 hr spr 0.05%</i>	OTC
<i>nasal decong spr 0.05%</i>	OTC
<i>nasal decong tab 10mg</i>	OTC
<i>nasal decong tab 30mg</i>	QL (180 ea / 30 days), OTC
<i>nasal decong tab 120mg er</i>	QL (60 ea / 30 days), OTC
<i>nasal no drp spr 0.05%</i>	OTC
<i>nasal relief spr 0.05%</i>	OTC
<i>nasal spr 0.05%</i>	OTC
<i>nasal spray spr 0.05%</i>	OTC
<i>no drip nasl spr 0.05%</i>	OTC
<i>phenylephrine hcl tab 10 mg</i>	OTC
<i>pseudoephedrine hcl tab 30 mg</i>	QL (180 ea / 30 days), OTC
<i>pseudoephedrine hcl tab 60 mg</i>	QL (180 ea / 30 days), OTC
<i>pseudoephedrine hcl tab er 12hr 120 mg</i>	QL (60 ea / 30 days), OTC
<i>qc no drip spr 0.05%</i>	OTC
<i>qc suphedrin tab 120mg sr</i>	QL (60 ea / 30 days), OTC
<i>sinus 12 hr tab 120mg er</i>	QL (60 ea / 30 days), OTC
<i>sinus cngst tab 30mg</i>	QL (180 ea / 30 days), OTC
<i>sinus nasal spr 0.05%</i>	OTC
<i>sm nasal 12h spr 0.05%</i>	OTC
<i>sm nasal dec tab 10mg pe</i>	OTC
<i>sm nasal dec tab 30mg</i>	QL (180 ea / 30 days), OTC
<i>sm nasal spr 0.05%</i>	OTC
<i>sudogest 12 tab 120mg er</i>	QL (60 ea / 30 days), OTC
<i>sudogest max tab 30mg</i>	QL (180 ea / 30 days), OTC
<i>sudogest tab 30mg</i>	QL (180 ea / 30 days), OTC
<i>sudogest tab 60mg</i>	QL (180 ea / 30 days), OTC
<i>suphedrine tab 120mg er</i>	QL (60 ea / 30 days), OTC

NUTRIENTS - DRUGS FOR NUTRITION

MISC. NUTRITIONAL SUBSTANCES

<i>omega-3 cap 1200mg</i>	OTC
<i>omega-3 fatty acids cap 500 mg</i>	OTC
<i>omega-3 fatty acids cap 1000 mg</i>	OTC
<i>omega-3 fatty acids cap delayed release 1000 mg</i>	OTC
<i>omega-3 fatty acids cap delayed release 1200 mg</i>	OTC
<i>prenatal dha cap 200mg</i>	QL (30 ea / 30 days), OTC
<i>sea-omega 50 cap 1000mg</i>	OTC
<i>sm fish oil cap 1000mg</i>	OTC

OPHTHALMIC AGENTS - DRUGS TO TREAT EYE CONDITIONS

ARTIFICIAL TEARS AND LUBRICANTS

<i>artifi tears oin op</i>	OTC
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DRUG NAME	REQUIREMENTS/LIMITS
<i>artifi tears sol 1.4% op</i>	OTC
<i>artificial oin eye</i>	OTC
<i>artificial sol 0.5-0.6%</i>	OTC
<i>artificial sol tears</i>	OTC
<i>carboxymethylcellulose sodium ophth soln 0.5%</i>	OTC
<i>dry eye rlf dro</i>	OTC
<i>eye drops sol relief</i>	OTC
<i>genteal tear oin nt-time</i>	OTC
<i>genteal tear sol moderate</i>	OTC
<i>gnp eye drop dro 0.4-0.3%</i>	OTC
<i>hm dry eye sol relief</i>	OTC
<i>lubric tears sol 0.4-0.3%</i>	OTC
<i>lubricat eye dro 0.4-0.3%</i>	OTC
<i>lubricating dro 0.5%</i>	OTC
<i>lubricating sol 0.4-0.3%</i>	OTC
<i>lubricating sol tears</i>	OTC
<i>lubricnt eye dro 0.4-0.3%</i>	OTC
<i>lubricnt eye dro 0.5% op</i>	OTC
<i>lubricnt eye oin nighttim</i>	OTC
<i>polyvinyl alcohol ophth soln 1.4%</i>	OTC
<i>refresh lacr oin op</i>	OTC
<i>refresh p.m. oin op</i>	OTC
<i>sm artificia sol tears</i>	OTC
<i>sm dry eye sol relief</i>	OTC
<i>sm lubricant dro 0.4-0.3%</i>	OTC
<i>soothe xp dro</i>	OTC
<i>systane dro contacts</i>	OTC
<i>systane oin</i>	OTC
<i>tears pure sol</i>	OTC
<i>ultra eye dr dro 0.4-0.3%</i>	OTC

BETA-BLOCKERS - OPHTHALMIC

<i>carteolol hcl ophth soln 1%</i>	QL (15 mL / 25 days)
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	QL (10 mL / 25 days)
<i>levobunolol hcl ophth soln 0.5%</i>	QL (15 mL / 25 days)
<i>timolol maleate ophth soln 0.5%</i>	
<i>timolol maleate ophth soln 0.25%</i>	

CYCLOPLEGIC MYDRIATICS

<i>atropine sulfate ophth soln 1%</i>	QL (15 mL / 25 days)
<i>cyclopentolate hcl ophth soln 1%</i>	QL (15 mL / 25 days)
<i>ISOPTO ATROP SOL 1% OP</i>	QL (15 mL / 25 days)

DRUG NAME	REQUIREMENTS/LIMITS
MIOTICS	
<i>pilocarpine hcl ophth soln 1%</i>	
<i>pilocarpine hcl ophth soln 2%</i>	
<i>pilocarpine hcl ophth soln 4%</i>	
OPHTHALMIC ADRENERGIC AGENTS	
<i>brimonidine tartrate ophth soln 0.2%</i>	
OPHTHALMIC ANTI-INFECTIVES	
<i>ak-poly-bac oin op</i>	
<i>bacitracin ophth oint 500 unit/gm</i>	
<i>bacitracin-polymyxin b ophth oint</i>	
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	
<i>erythromycin ophth oint 5 mg/gm</i>	
<i>gentak oin 0.3% op</i>	
<i>gentamicin sulfate ophth soln 0.3%</i>	QL (10 mL / 30 days)
<i>levofloxacin ophth soln 0.5%</i>	
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	QL (3 mL / 25 days)
<i>neo-polycin oin op</i>	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	
<i>ofloxacin ophth soln 0.3%</i>	
<i>polycin oin op</i>	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	
<i>sulfacetamide sodium ophth soln 10%</i>	
<i>tobramycin ophth soln 0.3%</i>	
<i>trifluridine ophth soln 1%</i>	QL (7.5 mL / 25 days)
OPHTHALMIC INTEGRIN ANTAGONISTS	
<i>XIIDRA DRO 5%</i>	ST; Requires trial of OTC lubricant and ointment
OPHTHALMIC LOCAL ANESTHETICS	
<i>proparacaine hcl ophth soln 0.5%</i>	
OPHTHALMIC STEROIDS	
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	
<i>fluorometholone ophth susp 0.1%</i>	QL (15 mL / 25 days)
<i>neo-polycin oin hc 1%op</i>	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	

DRUG NAME	REQUIREMENTS/LIMITS
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<i>prednisolone acetate ophth susp 1%</i>	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	

OPHTHALMICS - MISC.

<i>alaway child dro 0.025%op</i>	QL (10 mL / 25 days), OTC
<i>alaway dro 0.025%op</i>	QL (10 mL / 25 days), OTC
<i>azelastine hcl ophth soln 0.05%</i>	PA, QL (6 mL / 25 days)
<i>cromolyn sodium ophth soln 4%</i>	
<i>diclofenac sodium ophth soln 0.1%</i>	
<i>dorzolamide hcl ophth soln 2%</i>	
<i>eye allergy sol itch rel</i>	QL (2.5 mL / 30 days), OTC
<i>eye allergy sol itch/red</i>	QL (5 mL / 30 days), OTC
<i>eye itch rel dro 0.025%op</i>	QL (10 mL / 25 days), OTC
<i>flurbiprofen sodium ophth soln 0.03%</i>	
<i>gnp olopatad sol 0.2%</i>	QL (2.5 mL / 30 days), OTC
<i>ketorolac tromethamine ophth soln 0.5%</i>	QL (10 mL / 25 days)
<i>ketotifen fumarate ophth soln 0.025% (base equiv)</i>	QL (10 mL / 25 days), OTC
<i>olopatadine dro 0.1% op</i>	QL (5 mL / 30 days), OTC
<i>olopatadine hcl ophth soln 0.1% (base equivalent)</i>	QL (5 mL / 30 days), OTC
<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	QL (2.5 mL / 30 days), OTC
<i>PATADAY SOL 0.1%</i>	QL (5 mL / 30 days), OTC
<i>PATADAY SOL 0.2%</i>	QL (2.5 mL / 30 days), OTC
<i>sm olopatadi sol 0.2%</i>	QL (2.5 mL / 30 days), OTC
<i>sodium chloride hypertonic ophth oint 5%</i>	OTC
<i>sodium chloride hypertonic ophth soln 5%</i>	OTC

PROSTAGLANDINS - OPHTHALMIC

<i>bimatoprost ophth soln 0.03%</i>	ST; Requires trial of latanoprost
<i>latanoprost ophth soln 0.005%</i>	QL (5 mL / 25 days)

OTIC AGENTS - DRUGS TO TREAT CONDITIONS OF THE EAR

OTIC AGENTS - MISCELLANEOUS

<i>acetic acid otic soln 2%</i>	QL (20 mL / 25 days)
<i>ear drops dro 6.5%</i>	OTC
<i>ear wax remv dro 6.5% ot</i>	OTC
<i>ear wax remv sol 6.5% ot</i>	OTC
<i>earwax remvl dro 6.5% ot</i>	OTC
<i>earwax sol removal</i>	OTC
<i>gnp earwax sol 6.5% ot</i>	OTC
<i>gnp earwax sol removal</i>	OTC
<i>sm ear dro 6.5% ot</i>	OTC

DRUG NAME	REQUIREMENTS/LIMITS
OTIC ANTI-INFECTIVES	
<i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i>	QL (14 ea / 25 days)
<i>ofloxacin otic soln 0.3%</i>	QL (5 mL / 25 days)
OTIC COMBINATIONS	
<i>neomycin-polymyxin-hc otic soln 1%</i>	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	
OTIC STEROIDS	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	
OXYTOCICS - DRUGS FOR PREGNANCY	
OXYTOCICS - DRUGS FOR PREGNANCY	
<i>methergine tab 0.2mg</i>	QL (210 ea / 30 days)
<i>methylergonovine maleate tab 0.2 mg</i>	QL (210 ea / 30 days)
PASSIVE IMMUNIZING AND TREATMENT AGENTS - DRUGS FOR IMMUNE SYSTEM CONDITIONS	
IMMUNE SERUMS	
<i>HYPERRHO S/D INJ 50MCG</i>	SP
<i>HYPERRHO S/D INJ 300MCG</i>	SP
<i>MICRHOGAM PL INJ 50MCG</i>	SP
<i>RHOGAM PLUS INJ 300MCG</i>	SP
<i>RHOPHYLAC INJ 1500/2ML</i>	SP
MONOCLONAL ANTIBODIES	
<i>SYNAGIS INJ 50/0.5ML</i>	SP, PA
<i>SYNAGIS INJ 50MG</i>	SP, PA
<i>SYNAGIS INJ 100MG/ML</i>	SP, PA
PENICILLINS - DRUGS TO TREAT INFECTIONS	
AMINOPENICILLINS	
<i>amoxicillin (trihydrate) cap 250 mg</i>	QL (240 ea / 30 days)
<i>amoxicillin (trihydrate) cap 500 mg</i>	QL (240 ea / 30 days)
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	QL (180 ea / 30 days)
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	QL (240 ea / 30 days)
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	
<i>amoxicillin (trihydrate) tab 500 mg</i>	QL (150 ea / 30 days)
<i>amoxicillin (trihydrate) tab 875 mg</i>	QL (120 ea / 30 days)
<i>ampicillin cap 500 mg</i>	QL (240 ea / 30 days)
NATURAL PENICILLINS	
<i>penicillin v potassium for soln 125 mg/5ml</i>	QL (1200 mL / 30 days)
<i>penicillin v potassium for soln 250 mg/5ml</i>	QL (1200 mL / 30 days)

DRUG NAME	REQUIREMENTS/LIMITS
<i>penicillin v potassium tab 250 mg</i>	QL (240 ea / 30 days)
<i>penicillin v potassium tab 500 mg</i>	QL (240 ea / 30 days)

PENICILLIN COMBINATIONS

<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	QL (90 ea / 30 days); AGE (Max age 12 years)
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	QL (120 ea / 30 days); AGE (Max age 12 years)
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	AGE (Max age 12 years)
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	AGE (Max age 12 years)
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	AGE (Max age 12 years)
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	QL (60 ea / 30 days)
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	QL (60 ea / 30 days)
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	QL (60 ea / 30 days)

PENICILLINASE-RESISTANT PENICILLINS

<i>dicloxacillin sodium cap 250 mg</i>	QL (240 ea / 30 days)
<i>dicloxacillin sodium cap 500 mg</i>	QL (180 ea / 30 days)

PHARMACEUTICAL ADJUVANTS - PRODUCTS FOR DRUG COMPOUNDING

ANTIMICROBIAL AGENTS

BENZYL ALC LIQ	AGE (Min age 16 years and Max age 60 years)
BENZYL ALC LIQ	OTC; AGE (Min age 16 years and Max age 60 years)

PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES

PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES

<i>hydroxyprogesterone caproate im in oil 250 mg/ml</i>	SP, PA
<i>medroxyprogesterone acetate tab 2.5 mg</i>	QL (60 ea / 30 days)
<i>medroxyprogesterone acetate tab 5 mg</i>	QL (60 ea / 30 days)
<i>medroxyprogesterone acetate tab 10 mg</i>	QL (60 ea / 30 days)
<i>norethindrone acetate tab 5 mg</i>	QL (30 ea / 30 days)
<i>progesterone cap 100 mg</i>	QL (30 ea / 30 days)
<i>progesterone cap 200 mg</i>	QL (60 ea / 30 days)

PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS

AGENTS FOR CHEMICAL DEPENDENCY

<i>acamprosate calcium tab delayed release 333 mg</i>	
<i>disulfiram tab 250 mg</i>	QL (30 ea / 30 days)
<i>disulfiram tab 500 mg</i>	QL (30 ea / 30 days)

ANTI-CATAPLECTIC AGENTS

XYREM SOL 500MG/ML	SP, PA
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DRUG NAME	REQUIREMENTS/LIMITS
ANTIDEMENTIA AGENTS	
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	QL (60 ea / 30 days)
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	QL (30 ea / 30 days)
<i>donepezil hydrochloride tab 5 mg</i>	QL (30 ea / 30 days)
<i>donepezil hydrochloride tab 10 mg</i>	QL (30 ea / 30 days)
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	
<i>galantamine hydrobromide tab 4 mg</i>	
<i>galantamine hydrobromide tab 8 mg</i>	
<i>galantamine hydrobromide tab 12 mg</i>	
<i>memantine hcl oral solution 2 mg/ml</i>	
<i>memantine hcl tab 5 mg</i>	
<i>memantine hcl tab 10 mg</i>	
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	PA
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	PA
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	PA
MOVEMENT DISORDER DRUG THERAPY	
<i>tetrabenazine tab 12.5 mg</i>	SP, PA
<i>tetrabenazine tab 25 mg</i>	SP, PA
MULTIPLE SCLEROSIS AGENTS	
AUBAGIO TAB 7MG	SP, PA
AUBAGIO TAB 14MG	SP, PA
AVONEX PEN KIT 30MCG	SP, PA
AVONEX PREFL KIT 30MCG	SP, PA
BETASERON INJ 0.3MG	SP, PA
<i>dalfampridine tab er 12hr 10 mg</i>	SP, PA
<i>dimethyl fumarate capsule delayed release 120 mg</i>	SP, PA, QL (60 ea / 30 days)
<i>dimethyl fumarate capsule delayed release 240 mg</i>	SP, PA, QL (60 ea / 30 days)
EXTAVIA INJ 0.3MG	SP, PA
GILENYA CAP 0.5MG	SP, PA
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	SP, PA
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	SP, PA
<i>glatopa inj 20mg/ml</i>	SP, PA

DRUG NAME	REQUIREMENTS/LIMITS
<i>glatopa inj 40mg/ml</i>	SP, PA
REBIF INJ 22/0.5	SP, PA
REBIF INJ 44/0.5	SP, PA
REBIF REBIDO INJ 22/0.5	SP, PA
REBIF REBIDO INJ 44/0.5	SP, PA
REBIF REBIDO INJ TITRATN	SP, PA
REBIF TITRTN INJ PACK	SP, PA

SMOKING DETERRENTS

APO-VARENICL TAB 0.5MG	PA
APO-VARENICL TAB 1MG	PA
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	QL (60 ea / 30 days)
<i>gnp nicotine dis 7mg/24hr</i>	QL (30 ea / 30 days, max 90 days per year), OTC
<i>gnp nicotine dis 14mg/24h</i>	QL (30 ea / 30 days, max 90 days per year), OTC
<i>gnp nicotine dis 21mg/24h</i>	QL (30 ea / 30 days, max 90 days per year), OTC
<i>gnp nicotine gum 2mg frt</i>	QL (240 ea / 30 days, max 3 fills per 365 days), OTC
<i>gnp nicotine gum 2mg mint</i>	QL (240 ea / 30 days, max 3 fills per 365 days), OTC
<i>gnp nicotine gum 2mg orig</i>	QL (240 ea / 30 days, max 3 fills per 365 days), OTC
<i>gnp nicotine gum 4mg frt</i>	QL (240 ea / 30 days, max 3 fills per 365 days), OTC
<i>gnp nicotine gum 4mg mint</i>	QL (240 ea / 30 days, max 3 fills per 365 days), OTC
<i>gnp nicotine gum 4mg orig</i>	QL (240 ea / 30 days, max 3 fills per 365 days), OTC
<i>gnp nicotine loz 2mg mint</i>	QL (240 ea / 30 days), OTC
<i>gnp nicotine loz 4mg cher</i>	QL (240 ea / 30 days, max 3 fills per 365 days), OTC
<i>gnp nicotine loz 4mg mint</i>	QL (240 ea / 30 days, max 3 fills per 365 days), OTC
<i>gnp nicotine loz mini 2mg</i>	QL (240 ea / 30 days), OTC
<i>hm nicotine dis 7mg/24hr</i>	QL (30 ea / 30 days, max 90 days per year), OTC
<i>hm nicotine dis 14mg/24h</i>	QL (30 ea / 30 days, max 90 days per year), OTC
<i>hm nicotine dis 21mg/24h</i>	QL (30 ea / 30 days, max 90 days per year), OTC

DRUG NAME	REQUIREMENTS/LIMITS
<i>hm nicotine gum 2mg</i>	QL (240 ea / 30 days, max 3 fills per 365 days), OTC
<i>hm nicotine gum 2mg mint</i>	QL (240 ea / 30 days, max 3 fills per 365 days), OTC
<i>hm nicotine gum 4mg frt</i>	QL (240 ea / 30 days, max 3 fills per 365 days), OTC
<i>hm nicotine gum 4mg mint</i>	QL (240 ea / 30 days, max 3 fills per 365 days), OTC
<i>hm nicotine loz 2mg</i>	QL (240 ea / 30 days), OTC
<i>hm nicotine loz 2mg cinn</i>	QL (240 ea / 30 days), OTC
<i>hm nicotine loz 2mg mint</i>	QL (240 ea / 30 days), OTC
<i>hm nicotine loz 4mg cinn</i>	QL (240 ea / 30 days, max 3 fills per 365 days), OTC
<i>hm nicotine loz 4mg mint</i>	QL (240 ea / 30 days, max 3 fills per 365 days), OTC
<i>nicotine gum 2mg</i>	QL (240 ea / 30 days, max 3 fills per 365 days), OTC
<i>nicotine gum 4mg</i>	QL (240 ea / 30 days, max 3 fills per 365 days), OTC
<i>nicotine loz mini 2mg</i>	QL (240 ea / 30 days), OTC
<i>nicotine pol loz 2mg mini</i>	QL (240 ea / 30 days), OTC
<i>nicotine polacrilex gum 2 mg</i>	QL (240 ea / 30 days, max 3 fills per 365 days), OTC
<i>nicotine polacrilex gum 4 mg</i>	QL (240 ea / 30 days, max 3 fills per 365 days), OTC
<i>nicotine polacrilex lozenge 2 mg</i>	QL (240 ea / 30 days), OTC
<i>nicotine polacrilex lozenge 4 mg</i>	QL (240 ea / 30 days, max 3 fills per 365 days), OTC
<i>nicotine td dis 7mg/24hr</i>	QL (30 ea / 30 days, max 90 days per year), OTC
<i>nicotine td dis 14mg/24h</i>	QL (30 ea / 30 days, max 90 days per year), OTC
<i>nicotine td dis 21mg/24h</i>	QL (30 ea / 30 days, max 90 days per year), OTC
<i>nicotine td dis step 1</i>	QL (30 ea / 30 days, max 90 days per year), OTC
<i>nicotine td dis step 3</i>	QL (30 ea / 30 days, max 90 days per year), OTC
<i>qc nicotine dis 14mg/24h</i>	QL (30 ea / 30 days, max 90 days per year), OTC
<i>qc nicotine dis 21mg/24h</i>	QL (30 ea / 30 days, max 90 days per year), OTC

DRUG NAME	REQUIREMENTS/LIMITS
<i>sm nicotine dis 7mg/24hr</i>	QL (30 ea / 30 days, max 90 days per year), OTC
<i>sm nicotine dis 14mg/24h</i>	QL (30 ea / 30 days, max 90 days per year), OTC
<i>sm nicotine dis 21mg/24h</i>	QL (30 ea / 30 days, max 90 days per year), OTC
<i>sm nicotine gum 2mg</i>	QL (240 ea / 30 days, max 3 fills per 365 days), OTC
<i>sm nicotine gum 2mg mint</i>	QL (240 ea / 30 days, max 3 fills per 365 days), OTC
<i>sm nicotine gum 4mg</i>	QL (240 ea / 30 days, max 3 fills per 365 days), OTC
<i>sm nicotine gum 4mg mint</i>	QL (240 ea / 30 days, max 3 fills per 365 days), OTC
<i>sm nicotine loz 2mg chry</i>	QL (240 ea / 30 days), OTC
<i>sm nicotine loz 2mg cinn</i>	QL (240 ea / 30 days), OTC
<i>sm nicotine loz 2mg mint</i>	QL (240 ea / 30 days), OTC
<i>sm nicotine loz 4mg</i>	QL (240 ea / 30 days, max 3 fills per 365 days), OTC
<i>sm nicotine loz 4mg cinn</i>	QL (240 ea / 30 days, max 3 fills per 365 days), OTC
<i>sm nicotine loz 4mg mint</i>	QL (240 ea / 30 days, max 3 fills per 365 days), OTC
VARENICLINE TAB 0.5MG	PA
VARENICLINE TAB 1MG	PA

RESPIRATORY AGENTS - MISC. - DRUGS FOR THE LUNGS

ALPHA-PROTEINASE INHIBITOR (HUMAN)

ARALAST NP INJ 1000MG	SP, PA
PROLASTIN-C INJ 1000MG	SP, PA
ZEMAIRA INJ 1000MG	SP, PA

CYSTIC FIBROSIS AGENTS

KALYDECO PAK 25MG	SP, PA
KALYDECO PAK 50MG	SP, PA
KALYDECO PAK 75MG	SP, PA
KALYDECO TAB 150MG	SP, PA
ORKAMBI GRA 150-188	SP, PA
ORKAMBI TAB 100-125	SP, PA; AGE (Min age 6 years and Max age 11 years)
ORKAMBI TAB 200-125	SP, PA; AGE (Min age 11 years)
PULMOZYME SOL 1MG/ML	SP, PA, QL (75 mL / 30 days)
SYMDEKO TAB 50-75MG	SP, PA
SYMDEKO TAB 100-150	SP, PA

DRUG NAME	REQUIREMENTS/LIMITS
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TRIKAFTA TAB	SP, PA
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TETRACYCLINES - DRUGS TO TREAT INFECTIONS

TETRACYCLINES - DRUGS TO TREAT INFECTIONS

<i>doxycycline monohydrate cap 50 mg</i>	QL (90 ea / 30 days)
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<i>doxycycline monohydrate cap 100 mg</i>	QL (90 ea / 30 days)
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<i>doxycycline monohydrate tab 100 mg</i>	QL (90 ea / 30 days)
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<i>minocycline hcl cap 50 mg</i>	QL (60 ea / 30 days)
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<i>minocycline hcl cap 100 mg</i>	QL (60 ea / 30 days)
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THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS

ANTITHYROID AGENTS

<i>methimazole tab 5 mg</i>	QL (180 ea / 30 days)
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<i>methimazole tab 10 mg</i>	QL (180 ea / 30 days)
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<i>propylthiouracil tab 50 mg</i>	QL (600 ea / 30 days)
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THYROID HORMONES

ARMOUR THYRO TAB 15MG	QL (30 ea / 30 days); AGE (Max age 64 years)
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ARMOUR THYRO TAB 30MG	QL (30 ea / 30 days); AGE (Max age 64 years)
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ARMOUR THYRO TAB 60MG	QL (30 ea / 30 days); AGE (Max age 64 years)
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ARMOUR THYRO TAB 90MG	QL (30 ea / 30 days); AGE (Max age 64 years)
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ARMOUR THYRO TAB 120MG	QL (30 ea / 30 days); AGE (Max age 64 years)
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ARMOUR THYRO TAB 180MG	QL (30 ea / 30 days); AGE (Max age 64 years)
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ARMOUR THYRO TAB 240MG	QL (30 ea / 30 days); AGE (Max age 64 years)
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ARMOUR THYRO TAB 300MG	QL (30 ea / 30 days); AGE (Max age 64 years)
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<i>euthyrox tab 25mcg</i>	QL (60 ea / 30 days)
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<i>euthyrox tab 50mcg</i>	QL (60 ea / 30 days)
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<i>euthyrox tab 75mcg</i>	QL (60 ea / 30 days)
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<i>euthyrox tab 88mcg</i>	QL (60 ea / 30 days)
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<i>euthyrox tab 100mcg</i>	QL (60 ea / 30 days)
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<i>euthyrox tab 112mcg</i>	QL (60 ea / 30 days)
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<i>euthyrox tab 125mcg</i>	QL (60 ea / 30 days)
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<i>euthyrox tab 137mcg</i>	QL (60 ea / 30 days)
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<i>euthyrox tab 150mcg</i>	QL (60 ea / 30 days)
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<i>euthyrox tab 175mcg</i>	QL (60 ea / 30 days)
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<i>euthyrox tab 200mcg</i>	QL (60 ea / 30 days)
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<i>levo-t tab 25mcg</i>	QL (60 ea / 30 days)
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DRUG NAME	REQUIREMENTS/LIMITS
<i>levo-t tab 50mcg</i>	QL (60 ea / 30 days)
<i>levo-t tab 75mcg</i>	QL (60 ea / 30 days)
<i>levo-t tab 88mcg</i>	QL (60 ea / 30 days)
<i>levo-t tab 100mcg</i>	QL (60 ea / 30 days)
<i>levo-t tab 112mcg</i>	QL (60 ea / 30 days)
<i>levo-t tab 125mcg</i>	QL (60 ea / 30 days)
<i>levo-t tab 137mcg</i>	QL (60 ea / 30 days)
<i>levo-t tab 150mcg</i>	QL (60 ea / 30 days)
<i>levo-t tab 175mcg</i>	QL (60 ea / 30 days)
<i>levo-t tab 200 mcg</i>	QL (60 ea / 30 days)
<i>levo-t tab 300 mcg</i>	QL (60 ea / 30 days)
<i>levothyroxine sodium tab 25 mcg</i>	QL (60 ea / 30 days)
<i>levothyroxine sodium tab 50 mcg</i>	QL (60 ea / 30 days)
<i>levothyroxine sodium tab 75 mcg</i>	QL (60 ea / 30 days)
<i>levothyroxine sodium tab 88 mcg</i>	QL (60 ea / 30 days)
<i>levothyroxine sodium tab 100 mcg</i>	QL (60 ea / 30 days)
<i>levothyroxine sodium tab 112 mcg</i>	QL (60 ea / 30 days)
<i>levothyroxine sodium tab 125 mcg</i>	QL (60 ea / 30 days)
<i>levothyroxine sodium tab 137 mcg</i>	QL (60 ea / 30 days)
<i>levothyroxine sodium tab 150 mcg</i>	QL (60 ea / 30 days)
<i>levothyroxine sodium tab 175 mcg</i>	QL (60 ea / 30 days)
<i>levothyroxine sodium tab 200 mcg</i>	QL (60 ea / 30 days)
<i>levothyroxine sodium tab 300 mcg</i>	QL (60 ea / 30 days)
<i>levoxyl tab 25mcg</i>	QL (60 ea / 30 days)
<i>levoxyl tab 50mcg</i>	QL (60 ea / 30 days)
<i>levoxyl tab 75mcg</i>	QL (60 ea / 30 days)
<i>levoxyl tab 88mcg</i>	QL (60 ea / 30 days)
<i>levoxyl tab 100mcg</i>	QL (60 ea / 30 days)
<i>levoxyl tab 112mcg</i>	QL (60 ea / 30 days)
<i>levoxyl tab 125mcg</i>	QL (60 ea / 30 days)
<i>levoxyl tab 137mcg</i>	QL (60 ea / 30 days)
<i>levoxyl tab 150mcg</i>	QL (60 ea / 30 days)
<i>levoxyl tab 175mcg</i>	QL (60 ea / 30 days)
<i>levoxyl tab 200mcg</i>	QL (60 ea / 30 days)
<i>np thyroid tab 15mg</i>	QL (30 ea / 30 days); AGE (Max age 64 years)
<i>np thyroid tab 30mg</i>	QL (30 ea / 30 days); AGE (Max age 64 years)
<i>np thyroid tab 60mg</i>	QL (30 ea / 30 days); AGE (Max age 64 years)
<i>np thyroid tab 90mg</i>	QL (30 ea / 30 days); AGE (Max age 64 years)

DRUG NAME	REQUIREMENTS/LIMITS
<i>np thyroid tab 120mg</i>	QL (30 ea / 30 days); AGE (Max age 64 years)
SYNTHROID TAB 25MCG	QL (60 ea / 30 days)
SYNTHROID TAB 50MCG	QL (60 ea / 30 days)
SYNTHROID TAB 75MCG	QL (60 ea / 30 days)
SYNTHROID TAB 88MCG	QL (60 ea / 30 days)
SYNTHROID TAB 100MCG	QL (60 ea / 30 days)
SYNTHROID TAB 112MCG	QL (60 ea / 30 days)
SYNTHROID TAB 125MCG	QL (60 ea / 30 days)
SYNTHROID TAB 137MCG	QL (60 ea / 30 days)
SYNTHROID TAB 150MCG	QL (60 ea / 30 days)
SYNTHROID TAB 175MCG	QL (60 ea / 30 days)
SYNTHROID TAB 200MCG	QL (60 ea / 30 days)
SYNTHROID TAB 300MCG	QL (60 ea / 30 days)
<i>unithroid tab 25mcg</i>	QL (60 ea / 30 days)
<i>unithroid tab 50mcg</i>	QL (60 ea / 30 days)
<i>unithroid tab 75mcg</i>	QL (60 ea / 30 days)
<i>unithroid tab 88mcg</i>	QL (60 ea / 30 days)
<i>unithroid tab 100mcg</i>	QL (60 ea / 30 days)
<i>unithroid tab 112mcg</i>	QL (60 ea / 30 days)
<i>unithroid tab 125mcg</i>	QL (60 ea / 30 days)
<i>unithroid tab 137mcg</i>	QL (60 ea / 30 days)
<i>unithroid tab 150mcg</i>	QL (60 ea / 30 days)
<i>unithroid tab 175mcg</i>	QL (60 ea / 30 days)
<i>unithroid tab 200mcg</i>	QL (60 ea / 30 days)
<i>unithroid tab 300mcg</i>	QL (60 ea / 30 days)

TOXOIDS - DRUGS TO PREVENT INFECTIONS

TOXOID COMBINATIONS

ADACEL INJ	AGE (Min age 19 years)
BOOSTRIX INJ	AGE (Min age 19 years)
TDVAX INJ 2-2 LF	AGE (Min age 19 years)
TENIVAC INJ 5-2LF	AGE (Min age 19 years)
TET/DIP TOX INJ 2-2 LF	AGE (Min age 19 years)

ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS - DRUGS FOR ULCERS AND STOMACH ACID

ANTISPASMODICS

<i>dicyclomine hcl cap 10 mg</i>	QL (120 ea / 30 days); AGE (Max age 64 years)
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	QL (2400 mL / 30 days); AGE (Max age 64 years)
<i>dicyclomine hcl tab 20 mg</i>	QL (240 ea / 30 days); AGE (Max age 64 years)

DRUG NAME	REQUIREMENTS/LIMITS
<i>ed-spaz tab 0.125mg</i>	QL (360 ea / 30 days); AGE (Max age 64 years)
<i>glycopyrrolate oral soln 1 mg/5ml</i>	PA
<i>glycopyrrolate tab 1 mg</i>	
<i>glycopyrrolate tab 2 mg</i>	
<i>hyoscyamine sulfate elixir 0.125 mg/5ml</i>	QL (1800 mL / 30 days); AGE (Max age 64 years)
<i>hyoscyamine sulfate sl tab 0.125 mg</i>	QL (360 ea / 30 days); AGE (Max age 64 years)
<i>hyoscyamine sulfate soln 0.125 mg/ml</i>	QL (1800 mL / 30 days); AGE (Max age 64 years)
<i>hyoscyamine sulfate tab 0.125 mg</i>	QL (360 ea / 30 days); AGE (Max age 64 years)
<i>hyoscyamine sulfate tab disint 0.125 mg</i>	QL (360 ea / 30 days); AGE (Max age 64 years)
<i>hyoscyamine sulfate tab er 12hr 0.375 mg</i>	QL (120 ea / 30 days); AGE (Max age 64 years)
<i>nulev tab 0.125mg</i>	QL (360 ea / 30 days); AGE (Max age 64 years)
<i>oscimin sub 0.125mg</i>	QL (360 ea / 30 days); AGE (Max age 64 years)
<i>oscimin tab 0.125mg</i>	QL (360 ea / 30 days); AGE (Max age 64 years)

H-2 ANTAGONISTS

<i>acid control tab 10mg</i>	QL (60 ea / 30 days), OTC
<i>acid control tab 20mg</i>	QL (60 ea / 30 days), OTC
<i>acid reducer tab 10mg</i>	QL (60 ea / 30 days), OTC
<i>acid reducer tab 20mg</i>	QL (60 ea / 30 days), OTC
<i>cimetidine hcl soln 300 mg/5ml</i>	QL (1800 mL / 30 days)
<i>cimetidine tab 200 mg</i>	QL (120 ea / 30 days)
<i>cimetidine tab 300 mg</i>	QL (60 ea / 30 days)
<i>cimetidine tab 400 mg</i>	QL (60 ea / 30 days)
<i>cimetidine tab 800 mg</i>	QL (60 ea / 30 days)
<i>famotidine for susp 40 mg/5ml</i>	QL (150 mL / 30 days), AGE
<i>famotidine tab 10 mg</i>	QL (60 ea / 30 days), OTC
<i>famotidine tab 20 mg</i>	QL (60 ea / 30 days)
<i>famotidine tab 20mg</i>	QL (60 ea / 30 days), OTC
<i>famotidine tab 40 mg</i>	QL (60 ea / 30 days)
<i>heartburn tab 20mg</i>	QL (60 ea / 30 days), OTC
<i>heartburn tab relief</i>	QL (60 ea / 30 days), OTC
<i>nizatidine cap 150 mg</i>	ST, QL (120 ea / 30 days); Requires trial of famotidine

DRUG NAME	REQUIREMENTS/LIMITS
<i>nizatidine oral soln 15 mg/ml</i>	ST; Requires trial of famotidine
<i>sm acid redu tab 200mg</i>	QL (120 ea / 30 days), OTC

MISC. ANTI-ULCER

<i>sucralfate susp 1 gm/10ml</i>	QL (1200 mL / 30 days); AGE (Max age 18 years)
<i>sucralfate tab 1 gm</i>	QL (120 ea / 30 days)

PROTON PUMP INHIBITORS

<i>acid reducer cap 20.6mgdr</i>	QL (30 ea / 30 days), OTC
<i>esomeprazole cap 20mg dr</i>	QL (60 ea / 30 days), OTC
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	QL (60 ea / 30 days), OTC
FIRST-OMEPRASUS 2MG/ML	QL (150 mL / 30 days); AGE (Max age 12 years)
<i>gnp omeprazo cap 20mg</i>	QL (30 ea / 30 days), OTC
<i>lansoprazole cap delayed release 15 mg</i>	QL (60 ea / 30 days)
<i>lansoprazole cap delayed release 15 mg</i>	QL (60 ea / 30 days), OTC
<i>omeprazole cap delayed release 10 mg</i>	QL (90 ea / 30 days)
<i>omeprazole cap delayed release 20 mg</i>	QL (90 ea / 30 days)
<i>omeprazole cap delayed release 40 mg</i>	QL (30 ea / 30 days)
<i>omeprazole delayed release tab 20 mg</i>	QL (90 ea / 30 days), OTC
<i>omeprazole magnesium cap dr 20.6 mg (20 mg base equiv)</i>	QL (30 ea / 30 days), OTC
<i>omeprazole magnesium delayed release tab 20 mg (base equiv)</i>	QL (90 ea / 30 days), OTC
<i>omeprazole tab 20mg</i>	QL (90 ea / 30 days), OTC
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	QL (30 ea / 30 days)
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	QL (90 ea / 30 days)

ULCER DRUGS - PROSTAGLANDINS

<i>misoprostol tab 100 mcg</i>	QL (120 ea / 30 days)
<i>misoprostol tab 200 mcg</i>	QL (120 ea / 30 days)

URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE

URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)

<i>oxybutynin chloride syrup 5 mg/5ml</i>	QL (600 mL / 30 days)
<i>oxybutynin chloride tab 5 mg</i>	QL (90 ea / 30 days)
<i>oxybutynin chloride tab er 24hr 5 mg</i>	ST, QL (30 ea / 30 days); Requires trial of oxybutynin IR
<i>oxybutynin chloride tab er 24hr 10 mg</i>	ST, QL (30 ea / 30 days); Requires trial of oxybutynin IR

DRUG NAME	REQUIREMENTS/LIMITS
<i>oxybutynin chloride tab er 24hr 15 mg</i>	ST, QL (30 ea / 30 days); Requires trial of oxybutynin IR
<i>tolterodine tartrate tab 1 mg</i>	ST, QL (60 ea / 30 days); Requires trial of oxybutynin
<i>tolterodine tartrate tab 2 mg</i>	ST, QL (60 ea / 30 days); Requires trial of oxybutynin
<i>tropium chloride tab 20 mg</i>	ST, QL (60 ea / 30 days); Requires trial of oxybutynin

URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS

<i>bethanechol chloride tab 5 mg</i>	QL (120 ea / 30 days)
<i>bethanechol chloride tab 10 mg</i>	QL (120 ea / 30 days)
<i>bethanechol chloride tab 25 mg</i>	QL (120 ea / 30 days)
<i>bethanechol chloride tab 50 mg</i>	QL (120 ea / 30 days)

URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS

<i>flavoxate hcl tab 100 mg</i>	QL (120 ea / 30 days)
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VACCINES - DRUGS TO PREVENT INFECTIONS

BACTERIAL VACCINES

PNEUMOVAX 23 INJ 25/0.5	AGE (Min age 19 years); QL (max 2 inj/lifetime)
PREVNAR 13 INJ	AGE (Min age 19 years); QL (max 2 inj/lifetime)
PREVNAR 20 INJ	AGE (Min age 19 years); QL (max 1 inj/lifetime)
VAXNEUVANCE INJ	AGE (Min age 19 years); QL (max 1 inj/lifetime)

VIRAL VACCINES

AFLURIA QUAD INJ 2021-22	AGE (Min age 19 years)
ENGERIX-B INJ 10/0.5ML	AGE (Min age 19 years)
ENGERIX-B INJ 20MCG/ML	AGE (Min age 19 years)
FLUARIX QUAD INJ 2021-22	AGE (Min age 19 years)
FLUBLOK QUAD INJ 2021-22	AGE (Min age 19 years)
FLUCLVX QUAD INJ 2021-22	AGE (Min age 19 years)
FLULAVAL QUA INJ 2021-22	AGE (Min age 19 years)
FLUMIST QUAD SUS 2021-22	AGE (Min age 19 years and Max age 49 years)
FLUZONE QUAD INJ 2021-22	AGE (Min age 19 years)
HAVRIX INJ 720UNIT	AGE (Min age 19 years)
HAVRIX INJ 1440UNIT	AGE (Min age 19 years)
HEPLISAV-B INJ 20/0.5ML	AGE (Min age 19 years)
JANSSEN VACC INJ COVID-19	
MODERNA VAC INJ COVID-19	

DRUG NAME	REQUIREMENTS/LIMITS
PFIZER VACC INJ COVID-19	
RECOMBIVA HB INJ 5MCG/0.5	AGE (Min age 19 years)
RECOMBIVA HB INJ 10MCG/ML	AGE (Min age 19 years)
SHINGRIX INJ 50/0.5ML	AGE (Min age 18 years); QL (max 2 inj/lifetime)
TWINRIX INJ	AGE (Min age 19 years)
VAQTA INJ 25/0.5ML	AGE (Min age 19 years)
VAQTA INJ 50UNT/ML	AGE (Min age 19 years)

VAGINAL AND RELATED PRODUCTS - DRUGS TO TREAT VAGINAL CONDITIONS

SPERMICIDES

TODAY SPONGE MIS	OTC
VCF VAGINAL AER CONTRACP	OTC
VCF VAGINAL MIS CONTRACP	OTC

VAGINAL ANTI-INFECTIVES

<i>clindamycin phosphate vaginal cream 2%</i>	
<i>clotrimazole cre 3 day</i>	OTC
<i>clotrimazole vaginal cream 1%</i>	OTC
<i>3 day vaginl cre 2%</i>	OTC
<i>3 day vagnal cre 4%</i>	OTC
<i>metronidazole vaginal gel 0.75%</i>	QL (70 gm / 5 days)
<i>miconazole 3 kit combinat</i>	OTC
<i>miconazole 3 kit combo pk</i>	OTC
<i>miconazole 7 cre</i>	OTC
<i>miconazole 7 cre 2%</i>	OTC
<i>miconazole 7 cre tube/kit</i>	OTC
<i>miconazole 7 sup 100mg</i>	OTC
<i>miconazole nitrate vaginal cream 2%</i>	OTC
<i>sm micon 7 sup 100mg</i>	OTC
<i>terconazole vaginal cream 0.4%</i>	
<i>terconazole vaginal cream 0.8%</i>	
<i>terconazole vaginal suppos 80 mg</i>	QL (30 ea / 30 days)
<i>tioconazole oin 6.5% vag</i>	OTC
VANDAZOLE GEL 0.75%	QL (70 gm / 5 days)

VAGINAL ESTROGENS

<i>estradiol vaginal cream 0.1 mg/gm</i>	QL (42.5 gm / 30 days)
<i>estradiol vaginal tab 10 mcg</i>	
<i>yuvaferm tab 10mcg</i>	

DRUG NAME	REQUIREMENTS/LIMITS
VASOPRESSORS - DRUGS TO TREAT HEART AND CIRCULATION	
CONDITIONS	

ANAPHYLAXIS THERAPY AGENTS

<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	QL (2 ea / 25 days)
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	QL (2 ea / 25 days)
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	QL (2 ea / 25 days)
SYMJEPI INJ 0.3MG	QL (2 ea / 25 days)
SYMJEPI INJ 0.15MG	QL (2 ea / 25 days)

VASOPRESSORS - DRUGS TO TREAT HEART AND CIRCULATION
CONDITIONS

<i>midodrine hcl tab 2.5 mg</i>	QL (90 ea / 30 days)
<i>midodrine hcl tab 5 mg</i>	QL (90 ea / 30 days)
<i>midodrine hcl tab 10 mg</i>	QL (90 ea / 30 days)

VITAMINS - DRUGS FOR NUTRITION

OIL SOLUBLE VITAMINS

<i>cholecalciferol cap 1.25 mg (50000 unit)</i>	QL (30 ea / 30 days), OTC
<i>cholecalciferol cap 250 mcg (10000 unit)</i>	QL (30 ea / 30 days), OTC
<i>cholecalciferol oral liquid 10 mcg/ml (400 unit/ml)</i>	QL (180 mL / 30 days), OTC
<i>cholecalciferol tab 10 mcg (400 unit)</i>	QL (180 ea / 30 days), OTC
<i>cholecalciferol tab 25 mcg (1000 unit)</i>	QL (180 ea / 30 days), OTC
<i>cholecalciferol tab 50 mcg (2000 unit)</i>	QL (180 ea / 30 days), OTC
<i>d3 cap 1000unit</i>	QL (30 ea / 30 days), OTC
<i>d3 super str cap 2000unit</i>	QL (30 ea / 30 days), OTC
<i>d 400 chw 400unit</i>	QL (30 ea / 30 days), OTC
<i>d 400 tab 400unit</i>	QL (180 ea / 30 days), OTC
<i>decara cap 50000unt</i>	QL (30 ea / 30 days), OTC
<i>dialyvite d cap 5000unit</i>	QL (30 ea / 30 days), OTC
<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	QL (180 ea / 30 days)
<i>phytonadione tab 5 mg</i>	QL (150 ea / 30 days)
<i>vitamin d3 dro 10mcg/ml</i>	QL (180 mL / 30 days), OTC
<i>vitamin d tab 400unit</i>	QL (180 ea / 30 days), OTC
<i>vitamin d tab 1000unit</i>	QL (180 ea / 30 days), OTC
<i>vitamin d-3 tab 5000unit</i>	QL (180 ea / 30 days), OTC
<i>weekly-d cap 50000unt</i>	QL (30 ea / 30 days), OTC

WATER SOLUBLE VITAMINS

<i>ascorbic acid tab 500 mg</i>	OTC
<i>niacin cap er 250 mg</i>	OTC
<i>niacin tab 500 mg</i>	OTC
<i>niacin tab er 750 mg</i>	OTC

DRUG NAME	REQUIREMENTS/LIMITS
<i>pyridoxine hcl tab 25 mg</i>	QL (60 ea / 30 days), OTC
<i>pyridoxine hcl tab 50 mg</i>	QL (120 ea / 30 days), OTC
<i>pyridoxine hcl tab 100 mg</i>	QL (120 ea / 30 days), OTC
<i>riboflavin tab 100 mg</i>	OTC
<i>sm vit b-6 tab 100mg</i>	QL (120 ea / 30 days), OTC
<i>thiamine mononitrate tab 100 mg</i>	QL (30 ea / 30 days), OTC

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<i>all-day allg sol 5mg/5ml</i>	62	<i>alogliptin benzoate tab 12.5 mg</i>	
<i>all day allg tab 10mg</i>	62	<i>(base equiv)</i>	56
<i>all day alrg tab 5-120mg</i>	93	<i>alogliptin benzoate tab 25 mg (base</i>	
<i>all day pain tab 220mg</i>	33	<i>equiv)</i>	56
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<i>aller/conges tab 10-240mg</i>	93	<i>(base equiv)</i>	56
<i>aller-chlor tab 4mg</i>	60	<i>alogliptin-metformin hcl tab 12.5-</i>	
<i>allerclear tab 10mg</i>	62	<i>1000 mg</i>	55
<i>allergy/cong tab 5-120mg</i>	93	<i>alogliptin-metformin hcl tab 12.5-</i>	
<i>allergy chld liq 12.5/5ml</i>	61	<i>500 mg</i>	54
<i>allergy chld sol 1mg/ml</i>	62	<i>alogliptin-pioglitazone tab 12.5-15</i>	
<i>allergy chld syp 5mg/5ml</i>	63	<i>mg</i>	55
<i>allergy-d tab 12 hour</i>	93	<i>alogliptin-pioglitazone tab 12.5-30</i>	
<i>allergy d tab 5-120mg</i>	93	<i>mg</i>	55
<i>allergy-d tab 5-120mg</i>	93	<i>alogliptin-pioglitazone tab 12.5-45</i>	
<i>allergy rel/ tab deconges</i>	93	<i>mg</i>	55
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<i>allergy relf sol 1mg/ml</i>	63	<i>alogliptin-pioglitazone tab 25-30 mg</i>	
<i>allergy relf sol 5mg/5ml</i>	63	55
<i>allergy relf spr 50mcg</i>	144	<i>alogliptin-pioglitazone tab 25-45 mg</i>	
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<i>amlodipine besylate tab 2.5 mg</i>		<i>400-57 mg/5ml.....</i>	150
<i>(base equivalent)</i>	83	<i>amoxicillin & k clavulanate for susp</i>	
<i>amlodipine besylate tab 5 mg (base</i>		<i>600-42.9 mg/5ml</i>	150
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<i>0.05%</i>	102	<i>0.2%</i>	147
<i>betamethasone dipropionate lotion</i>		<i>bromocriptine mesylate cap 5 mg</i>	
<i>0.05%</i>	102	<i>(base equivalent)</i>	71
<i>betamethasone dipropionate oint</i>		<i>bromocriptine mesylate tab 2.5 mg</i>	
<i>0.05%</i>	102	<i>(base equivalent)</i>	71
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<i>(base equivalent)</i>	102	<i>cap 3 mg</i>	92
<i>betamethasone valerate oint 0.1%</i>		<i>budesonide-formoterol fumarate</i>	
<i>(base equivalent)</i>	102	<i>dihyd aerosol 160-4.5 mcg/act..</i>	47
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<i>bethanechol chloride tab 25 mg .</i>	160	<i>mg/2ml.....</i>	46
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<i>bumetanide tab 1 mg</i>	106
<i>bumetanide tab 2 mg</i>	106
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	40
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	40
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	40
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	40
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	40
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	40
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	40
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<i>bupropion hcl tab 100 mg</i>	52
<i>bupropion hcl tab 75 mg</i>	52
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<i>bupirone hcl tab 5 mg</i>	44
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<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i>	39
<i>butalbital-acetaminophen tab 50-325 mg</i>	35

C	
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<i>caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)</i>	29
<i>calc antacid chw 500mg</i>	42
<i>calc antacid chw 750mg</i>	42
<i>calcipotriene cream 0.005%</i>	101
<i>calcipotriene oint 0.005%</i>	101
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	101
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	107
<i>calcitrene oin 0.005%</i>	101
<i>calcitriol cap 0.25 mcg</i>	107
<i>calcitriol cap 0.5 mcg</i>	107
<i>calcium+d3 tab 600-800</i>	136
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<i>calcium 600 tab + d</i>	135
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	109
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<i>calcium carbonate-cholecalciferol chew tab 600 mg-400 unit</i>	135
<i>calcium carbonate-cholecalciferol tab 250 mg-125 unit</i>	135
<i>calcium carbonate-cholecalciferol tab 500 mg-200 unit</i>	135
<i>calcium carbonate-cholecalciferol tab 500 mg-400 unit</i>	135
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<i>calcium carbonate tab 1500 mg (600 mg elemental ca)</i>	135
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<i>calcium citrate-vitamin d tab 200 mg-250 unit (elemental ca)</i>	135
<i>calcium citrate-vitamin d tab 315 mg-250 unit (elemental ca)</i>	135
<i>calcium citr tab +d</i>	135
<i>calcium polycarbophil tab 625 mg</i>	114

<i>calcium tab 500/d</i>	136	<i>carbidopa-levodopa-entacapone</i>	
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<i>camrese lo tab</i>	87	<i>tabs 18.75-75-200 mg</i>	72
<i>camrese tab</i>	87	<i>carbidopa-levodopa-entacapone</i>	
<i>capecitabine tab 150 mg</i>	69	<i>tabs 25-100-200 mg</i>	72
<i>capecitabine tab 500 mg</i>	69	<i>carbidopa-levodopa-entacapone</i>	
<i>capsaicin cream 0.025%</i>	104	<i>tabs 31.25-125-200 mg</i>	72
<i>capsaicin cream 0.1%</i>	104	<i>carbidopa-levodopa-entacapone</i>	
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<i>captopril tab 12.5 mg</i>	65	<i>tabs 50-200-200 mg</i>	72
<i>captopril tab 25 mg</i>	65	<i>carbinoxamine maleate soln 4</i>	
<i>captopril tab 50 mg</i>	65	<i>mg/5ml</i>	61
<i>carbamazepine cap er 12hr 100 mg</i>		<i>carbinoxamine maleate tab 4 mg</i> .61	
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<i>carbamazepine tab er 12hr 100 mg</i>		<i>cartia xt cap 120/24hr</i>	83
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<i>carbamazepine tab er 12hr 400 mg</i>		<i>carvedilol tab 12.5 mg</i>	82
.....	49	<i>carvedilol tab 25 mg</i>	82
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<i>carbidopa & levodopa tab 25-250</i>		<i>cefdinir for susp 250 mg/5ml</i>	86
<i>mg</i>	71	<i>cefprozil for susp 125 mg/5ml</i>86	
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<i>carbidopa & levodopa tab er 50-200</i>		<i>cefuroxime axetil tab 500 mg</i>	86
<i>mg</i>	71	<i>celecoxib cap 100 mg</i>	33
		<i>celecoxib cap 200 mg</i>	33

<i>celecoxib cap 400 mg</i>	33	<i>chlor-phenir tab 4mg</i>	60
<i>celecoxib cap 50 mg</i>	33	<i>chlorpromazine hcl tab 100 mg</i>	76
<i>cephalexin cap 250 mg</i>	86	<i>chlorpromazine hcl tab 10 mg</i>	76
<i>cephalexin cap 500 mg</i>	86	<i>chlorpromazine hcl tab 200 mg</i>	76
<i>cephalexin for susp 125 mg/5ml</i> ..	86	<i>chlorpromazine hcl tab 25 mg</i>	76
<i>cephalexin for susp 250 mg/5ml</i> ..	86	<i>chlorpromazine hcl tab 50 mg</i>	76
<i>cerovite jr chw</i>	142	<i>chlorthalidone tab 25 mg</i>	106
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<i>certa plus tab</i>	139	<i>chlorzoxazone tab 500 mg</i>	143
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<i>cetirizine hcl oral soln 1 mg/ml (5</i> <i>mg/5ml)</i>	63	<i>cholecalciferol cap 1.25 mg (50000</i> <i>unit)</i>	162
<i>cetirizine hcl tab 10 mg</i>	63	<i>cholecalciferol cap 250 mcg (10000</i> <i>unit)</i>	162
<i>cetirizine hcl tab 5 mg</i>	63	<i>cholecalciferol oral liquid 10 mcg/ml</i> <i>(400 unit/ml)</i>	162
<i>cetirizine-pseudoephedrine tab er</i> <i>12hr 5-120 mg</i>	93	<i>cholecalciferol tab 10 mcg (400</i> <i>unit)</i>	162
<i>cetirizine sol 1mg/ml</i>	63	<i>cholecalciferol tab 25 mcg (1000</i> <i>unit)</i>	162
<i>cetirizine sol 5mg/5ml</i>	63	<i>cholecalciferol tab 50 mcg (2000</i> <i>unit)</i>	162
<i>chateal eq tab 0.15/30</i>	87	<i>cholestyramine light powder 4</i> <i>gm/dose</i>	64
<i>chateal tab 0.15/30</i>	87	<i>cholestyramine powder 4 gm/dose</i>	64
<i>CHEMSTRIP K TES</i>	105	<i>chromagen cap</i>	112
<i>chest conges syp 100/5ml</i>	96	<i>ciclodan sol 8%</i>	100
<i>chest conges syp rel dm</i>	93	<i>ciclopirox olamine cream 0.77%</i> <i>(base equiv)</i>	100
<i>chest conges tab 20-400mg</i>	93	<i>ciclopirox olamine susp 0.77% (base</i> <i>equiv)</i>	100
<i>chest conges tab 400mg</i>	96	<i>ciclopirox solution 8%</i>	100
<i>chest conges tab relf dm</i>	93	<i>cilostazol tab 100 mg</i>	111
<i>child allrgy sol 5mg/5ml</i>	63	<i>cilostazol tab 50 mg</i>	111
<i>child chew/ chw extra c</i>	142	<i>CIMDUO TAB 300-300</i>	79
<i>child multiv chw iron</i>	142	<i>cimetidine hcl soln 300 mg/5ml</i> ..	158
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<i>chld allergy liq 12.5/5ml</i>	61	<i>cimetidine tab 300 mg</i>	158
<i>chld silapap liq 160/5ml</i>	35	<i>cimetidine tab 400 mg</i>	158
<i>chlordiazepoxide hcl cap 10 mg</i> ...	44	<i>cimetidine tab 800 mg</i>	158
<i>chlordiazepoxide hcl cap 25 mg</i> ...	44	<i>ciprofloxacin hcl ophth soln 0.3%</i> <i>(base equivalent)</i>	147
<i>chlordiazepoxide hcl cap 5 mg</i>	44		
<i>chlorhexidine gluconate soln 0.12%</i>	138		
<i>chloroquine phosphate tab 250 mg</i>	68		
<i>chloroquine phosphate tab 500 mg</i>	68		
<i>chlorpheniramine maleate tab er 12</i> <i>mg</i>	60		

<i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i>	149	<i>clobetasol propionate soln 0.05%</i>	102
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	108	<i>clomipramine hcl cap 25 mg</i>	53
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	108	<i>clomipramine hcl cap 50 mg</i>	53
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	108	<i>clomipramine hcl cap 75 mg</i>	53
<i>CIRCATA CRE 0.05%</i>	104	<i>clonazepam tab 0.5 mg</i>	49
<i>CIRCATRIX CRE 0.05%</i>	104	<i>clonazepam tab 1 mg</i>	49
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	52	<i>clonazepam tab 2 mg</i>	49
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	52	<i>clonidine hcl tab 0.1 mg</i>	66
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	52	<i>clonidine hcl tab 0.2 mg</i>	66
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	52	<i>clonidine hcl tab 0.3 mg</i>	66
<i>claravis cap 10mg</i>	98	<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	111
<i>claravis cap 20mg</i>	98	<i>clorazepate dipotassium tab 15 mg</i>	45
<i>claravis cap 30mg</i>	98	<i>clorazepate dipotassium tab 3.75 mg</i>	44
<i>claravis cap 40mg</i>	98	<i>clorazepate dipotassium tab 7.5 mg</i>	45
<i>clarithromycin for susp 125 mg/5ml</i>	117	<i>clotrimazole cre 1%</i>	100
<i>clarithromycin for susp 250 mg/5ml</i>	117	<i>clotrimazole cre 3 day</i>	161
<i>clarithromycin tab 250 mg</i>	117	<i>clotrimazole cream 1%</i>	100
<i>clarithromycin tab 500 mg</i>	117	<i>clotrimazole soln 1%</i>	100
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<i>clearlax pow</i>	115	<i>clotrimazole vaginal cream 1%</i> ..	161
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<i>CLEVER CHOIC MIS NEBULIZR</i> ..	131	<i>clozapine tab 200 mg</i>	75
<i>clindamycin hcl cap 150 mg</i>	42	<i>clozapine tab 25 mg</i>	75
<i>clindamycin hcl cap 300 mg</i>	42	<i>clozapine tab 50 mg</i>	75
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	43	<i>CL PRENATAL TAB 28-0.8MG</i>	142
<i>clindamycin phosphate gel 1%</i>	98	<i>COAGUCHEK MIS LANCETS</i>	121
<i>clindamycin phosphate lotion 1%</i> ..	98	<i>codeine sulfate tab 30 mg</i>	37
<i>clindamycin phosphate soln 1%</i> ...	98	<i>CODEINE SULF TAB 60MG</i>	37
<i>clindamycin phosphate vaginal cream 2%</i>	161	<i>colace 2in1 tab 8.6-50mg</i>	114
<i>clobazam tab 10 mg</i>	49	<i>colchicine tab 0.6 mg</i>	110
<i>clobazam tab 20 mg</i>	49	<i>colchicine w/ probenecid tab 0.5-500 mg</i>	110
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		<i>cold/flu cap daytime</i>	94
		<i>cold/flu liq daytime</i>	94
		<i>cold/flu rel cap daytime</i>	94
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COMFORT TCH MIS LANC 30G ...	121	<i>cromolyn sodium nasal aerosol soln</i>	
COMFORT TCH MIS LANC 31G ...	121	<i>5.2 mg/act (4%)</i>	144
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COMPACT SPAC MIS MD MASK...	131	<i>cryselle-28 tab 28 tabs</i>	87
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<i>comp allergy cap 25mg</i>	61	CVS LANCETS MIS 30G	121
<i>comp allergy tab 25mg</i>	61	CVS LANCETS MIS 33G	121
<i>compete tab</i>	139	CVS LANCETS MIS ORIGINAL....	121
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<i>compro sup 25mg</i>	76	<i>cyanocobalamin tab 500 mcg</i>	111
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<i>constulose sol 10gm/15</i>	115	<i>cyclafem tab 1/35</i>	87
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COSENTYX PEN INJ 150MG/ML ..	101	<i>cyclosporine cap 25 mg</i>	137
COSENTYX PEN INJ 300DOSE	101	<i>cyclosporine modified cap 100 mg</i>	
<i>cough/chest syp dm</i>	94	137
<i>cough relief liq 15mg/5ml</i>	93	<i>cyclosporine modified cap 25 mg</i>	137
<i>cough tab tab 200mg</i>	96	<i>cyclosporine modified cap 50 mg</i>	137

<i>cyclosporine modified oral soln 100 mg/ml</i>	137	<i>denta 5000 cre plus 2pk</i>	138
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	64	<i>dentagel gel 1.1%</i>	138
<i>cyproheptadine hcl tab 4 mg</i>	64	<i>dermacinrx cre penetral</i>	104
<i>cyred eq tab</i>	87	DESCOVY TAB 200/25MG	79
<i>cyred tab</i>	87	<i>desipramine hcl tab 100 mg</i>	54
D		<i>desipramine hcl tab 10 mg</i>	53
<i>d3 cap 1000unit</i>	162	<i>desipramine hcl tab 150 mg</i>	54
<i>d3 super str cap 2000unit</i>	162	<i>desipramine hcl tab 25 mg</i>	54
<i>d 400 chw 400unit</i>	162	<i>desipramine hcl tab 50 mg</i>	54
<i>d 400 tab 400unit</i>	162	<i>desipramine hcl tab 75 mg</i>	54
<i>daily diet tab support</i>	139	<i>desmopressin acetate nasal spray soln 0.01%</i>	107
<i>daily multi tab vit/iron</i>	139	<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	107
<i>daily multi tab vit/mens</i>	139	<i>desmopressin acetate tab 0.1 mg</i>	107
<i>daily multi tab vit/min</i>	139	<i>desmopressin acetate tab 0.2 mg</i>	107
<i>daily tab vitamin</i>	140	<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i> ...	87
<i>daily-vite tab</i>	141	<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	87
<i>daily vit tab +iron</i>	139	<i>desonide cream 0.05%</i>	102
<i>daily vit tab +mineral</i>	139	<i>desonide oint 0.05%</i>	102
<i>daily vit tab iron</i>	139	<i>dexamethasone elixir 0.5 mg/5ml</i> ..	92
<i>dalfampridine tab er 12hr 10 mg</i> ..	151	<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	147
<i>dandruff sha 1%</i>	101	<i>dexamethasone soln 0.5 mg/5ml</i> ..	92
<i>dapsone tab 100 mg</i>	42	<i>dexamethasone tab 0.5 mg</i>	92
<i>dapsone tab 25 mg</i>	42	<i>dexamethasone tab 0.75 mg</i>	92
<i>dasetta tab 1/35</i>	87	<i>dexamethasone tab 1.5 mg</i>	92
<i>dasetta tab 7/7/7</i>	87	<i>dexamethasone tab 1 mg</i>	92
<i>day cold/flu liq 10-5-325</i>	94	<i>dexamethasone tab 2 mg</i>	92
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<i>escitalopram oxalate tab 20 mg (base equiv)</i>	52	<i>euthyrox tab 175mcg</i>	155
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<i>euthyrox tab 112mcg</i>	155	<i>famciclovir tab 250 mg</i>	81
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<i>ferrous sulfate elixir 220 mg/5ml</i>		<i>fluconazole for susp 40 mg/ml</i>	60
<i>(44 mg/5ml elemental fe)</i>	112	<i>fluconazole tab 100 mg</i>	60
<i>ferrous sulfate soln 75 mg/ml (15</i>		<i>fluconazole tab 150 mg</i>	60
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IMBRUVICA TAB 560MG.....	70	<i>intense coug liq reliever</i>	94
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<i>imipramine hcl tab 25 mg</i>	54	<i>introvale tab</i>	88
<i>imipramine hcl tab 50 mg</i>	54	INVEGA SUST INJ 117/0.75	73
<i>imiquimod cream 5%</i>	103	INVEGA SUST INJ 156MG/ML	73
<i>inatal gt tab</i>	142	INVEGA SUST INJ 234/1.5	73
<i>incassia tab 0.35mg</i>	91	INVEGA SUST INJ 39/0.25	73
INCONTROL MIS LANC 28G	123	INVEGA SUST INJ 78/0.5ML	73
INCONTROL MIS LANC 30G	123	INVEGA TRINZ INJ 273MG	73
INCONTROL MIS LANC 33G	123	INVEGA TRINZ INJ 410MG	73
INCONTROL PAD ALCOHOL.....	127	INVEGA TRINZ INJ 546MG	73
INCRELEX INJ 40MG/4ML	107	INVEGA TRINZ INJ 819MG	73
INCRUSE ELPT INH 62.5MCG	46	INVIRASE TAB 500MG	79
<i>indapamide tab 1.25 mg</i>	106	<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	47
<i>indapamide tab 2.5 mg</i>	106	<i>ipratropium bromide inhal soln 0.02%</i>	46
<i>indomethacin cap 25 mg</i>	34	<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	144
<i>indomethacin cap 50 mg</i>	34	<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	144
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ISENTRESS HD TAB 600MG.....	79	<i>jasmiel tab 3-0.02mg</i>	88
ISENTRESS POW 100MG.....	79	<i>jencycla tab 0.35mg</i>	91
ISENTRESS TAB 400MG.....	79	<i>jinteli tab 1mg-5mcg</i>	108
<i>isibloom tab</i>	88	<i>jolessa tab</i>	88
<i>isoniazid syrup 50 mg/5ml</i>	68	<i>juleber tab</i>	88
<i>isoniazid tab 100 mg</i>	68	JULUCA TAB 50-25MG	79
<i>isoniazid tab 300 mg</i>	68	<i>junel 1/20 tab</i>	88
ISOPTO ATROP SOL 1% OP	146	<i>junel 1.5/30 tab</i>	88
<i>isosorbide dinitrate tab 10 mg</i>	43	<i>junel fe tab 1/20</i>	88
<i>isosorbide dinitrate tab 20 mg</i>	43	<i>junel fe tab 1.5/30</i>	88
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<i>isosorbide dinitrate tab 5 mg</i>	43	<i>kalliga tab</i>	88
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<i>60 mg</i>	43	<i>kelnor 1/50 tab</i>	88
<i>isotretinoin cap 10 mg</i>	98	<i>kelnor tab 1/35</i>	88
<i>isotretinoin cap 20 mg</i>	98	<i>ketoconazole cream 2%</i>	100
<i>isotretinoin cap 30 mg</i>	98	<i>ketoconazole shampoo 2%</i>	100
<i>isotretinoin cap 40 mg</i>	98	<i>ketoconazole tab 200 mg</i>	60
<i>ivermectin tab 3 mg</i>	42	KETONE TES.....	105
<i>i-vite tab</i>	140	KETONE TEST TES.....	105
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IXINITY INJ 2000UNIT	110	<i>ketorolac tromethamine ophth soln</i>	
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IXINITY INJ 3000UNIT	110	<i>ketorolac tromethamine tab 10 mg</i>	
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J		KETOSTIX TES STRIP	105
<i>jaimiess tab</i>	88	<i>ketotifen fumarate ophth soln</i>	
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KIMONO PS MIS PLUS	119	<i>lamivudine tab 150 mg</i>	79
KIMONO SENA MIS PLUS.....	119	<i>lamivudine tab 300 mg</i>	80
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KINNEY THIN MIS LANCETS.....	123	<i>lamotrigine tab 100 mg</i>	50
<i>klor-con/ef tab 25meq fr</i>	137	<i>lamotrigine tab 150 mg</i>	50
<i>klor-con 10 tab 10meq er.....</i>	137	<i>lamotrigine tab 200 mg</i>	50
<i>klor-con 8 tab 8meq er</i>	137	<i>lamotrigine tab 25 mg</i>	50
<i>klor-con m10 tab 10meq er</i>	137	<i>lamotrigine tab chewable dispersible</i>	
<i>klor-con m20 tab 20meq er</i>	137	<i>25 mg</i>	50
KOGENATE FS INJ 1000UNIT	110	<i>lamotrigine tab chewable dispersible</i>	
KOGENATE FS INJ 250UNIT	110	<i>5 mg</i>	50
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<i>cream 12%.....</i>	103	<i>lapatinib ditosylate tab 250 mg</i>	
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<i>lotion 12%</i>	103	<i>larin fe tab 1/20</i>	88
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<i>larin tab 1.5/30</i>	88	<i>levonorgestrel & ethinyl estradiol</i>	
<i>larissia tab</i>	88	<i>tab 0.15 mg-30 mcg</i>	88
<i>latanoprost ophth soln 0.005%</i> ..	148	<i>levonorgestrel & ethinyl estradiol</i>	
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LATUDA TAB 20MG	73	<i>levonorgestrel-eth estra tab 0.05-</i>	
LATUDA TAB 40MG	73	<i>30/0.075-40/0.125-30mg-mcg</i> .	88
LATUDA TAB 60MG	73	<i>levonorgestrel tab 1.5 mg</i>	91
LATUDA TAB 80MG	73	<i>levonorg-eth est tab 0.1-</i>	
<i>lax/stl soft tab 8.6-50mg</i>	115	<i>0.02mg(84) & eth est tab</i>	
<i>laxative max tab 25mg</i>	116	<i>0.01mg(7)</i>	88
LB LANCET MIS 28G	124	<i>levonorg-eth est tab 0.15-</i>	
LEDIP-SOFOSB TAB 90-400MG	81	<i>0.03mg(84) & eth est tab</i>	
<i>leflunomide tab 10 mg</i>	34	<i>0.01mg(7)</i>	88
<i>leflunomide tab 20 mg</i>	34	<i>levora-28 tab 0.15/30</i>	89
<i>lessina tab</i>	88	<i>levothyroxine sodium tab 100 mcg</i>	
<i>letrozole tab 2.5 mg</i>	70	.....	156
<i>leucovorin calcium tab 10 mg</i>	71	<i>levothyroxine sodium tab 112 mcg</i>	
<i>leucovorin calcium tab 15 mg</i>	71	.....	156
<i>leucovorin calcium tab 25 mg</i>	71	<i>levothyroxine sodium tab 125 mcg</i>	
<i>leucovorin calcium tab 5 mg</i>	71	.....	156
LEUKERAN TAB 2MG	69	<i>levothyroxine sodium tab 137 mcg</i>	
<i>leuprolide acetate inj kit 5 mg/ml</i>	70	.....	156
<i>levetiracetam oral soln 100 mg/ml</i>	50	<i>levothyroxine sodium tab 150 mcg</i>	
.....	50	.....	156
<i>levetiracetam tab 1000 mg</i>	50	<i>levothyroxine sodium tab 175 mcg</i>	
<i>levetiracetam tab 250 mg</i>	50	.....	156
<i>levetiracetam tab 500 mg</i>	50	<i>levothyroxine sodium tab 200 mcg</i>	
<i>levetiracetam tab 750 mg</i>	50	.....	156
<i>levetiracetam tab er 24hr 500 mg</i>	50	<i>levothyroxine sodium tab 25 mcg</i>	
<i>levetiracetam tab er 24hr 750 mg</i>	50	.....	156
<i>levobunolol hcl ophth soln 0.5%</i>	146	<i>levothyroxine sodium tab 300 mcg</i>	
<i>levocarnitine oral soln 1 gm/10ml</i>		.....	156
<i>(10%)</i>	107	<i>levothyroxine sodium tab 50 mcg</i>	
<i>levocarnitine tab 330 mg</i>	107	.....	156
<i>levofloxacin ophth soln 0.5%</i>	147	<i>levothyroxine sodium tab 75 mcg</i>	
<i>levofloxacin oral soln 25 mg/ml</i>	108	.....	156
<i>levofloxacin tab 250 mg</i>	108	<i>levothyroxine sodium tab 88 mcg</i>	
<i>levofloxacin tab 500 mg</i>	108	.....	156
<i>levofloxacin tab 750 mg</i>	108	<i>levo-t tab 100mcg</i>	156
<i>levonest tab</i>	88	<i>levo-t tab 112mcg</i>	156
<i>levonorgestrel & ethinyl estradiol</i>		<i>levo-t tab 125mcg</i>	156
<i>(91-day) tab 0.15-0.03 mg</i>	88	<i>levo-t tab 137mcg</i>	156
		<i>levo-t tab 150mcg</i>	156

<i>levo-t tab 175mcg</i>	156	<i>lisinopril & hydrochlorothiazide tab</i>	
<i>levo-t tab 200 mcg</i>	156	10-12.5 mg	67
<i>levo-t tab 25mcg</i>	155	<i>lisinopril & hydrochlorothiazide tab</i>	
<i>levo-t tab 300 mcg</i>	156	20-12.5 mg	68
<i>levo-t tab 50mcg</i>	156	<i>lisinopril & hydrochlorothiazide tab</i>	
<i>levo-t tab 75mcg</i>	156	20-25 mg	68
<i>levo-t tab 88mcg</i>	156	<i>lisinopril tab 10 mg</i>	66
<i>levoxyl tab 100mcg</i>	156	<i>lisinopril tab 2.5 mg</i>	66
<i>levoxyl tab 112mcg</i>	156	<i>lisinopril tab 20 mg</i>	66
<i>levoxyl tab 125mcg</i>	156	<i>lisinopril tab 30 mg</i>	66
<i>levoxyl tab 137mcg</i>	156	<i>lisinopril tab 40 mg</i>	66
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<i>lice/bedbug spr dust mit</i>	104	<i>lithium carbonate cap 300 mg</i>	72
<i>lice killing sha</i>	104	<i>lithium carbonate cap 600 mg</i>	72
<i>lice killing sha 0.33-4%</i>	104	<i>lithium carbonate tab 300 mg</i>	72
<i>lice treatmt liq 1%</i>	104	<i>lithium carbonate tab er 300 mg</i> ..	72
<i>lice treatmt lot 1%</i>	104	<i>lithium carbonate tab er 450 mg</i> ..	72
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<i>lidocaine hcl soln 4%</i>	104	<i>loestrin fe tab 1.5/30</i>	89
<i>lidocaine hcl urethral/mucosal gel</i>		<i>loestrin tab 1/20-21</i>	89
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.....	104	<i>loperamide hcl liq 1 mg/7.5ml</i>	59
LILETTA IUD 52MG	91	<i>loperamide hcl tab 2 mg</i>	59
<i>lillow tab 0.15/30</i>	89	<i>lopinavir-ritonavir soln 400-100</i>	
<i>linezolid for susp 100 mg/5ml</i>	43	mg/5ml (80-20 mg/ml).....	80
<i>linezolid tab 600 mg</i>	43	<i>lopinavir-ritonavir tab 100-25 mg</i>	80
<i>liquid aller liq 12.5/5ml</i>	62	<i>lopinavir-ritonavir tab 200-50 mg</i>	80
		<i>loratadine-d tab 10-240mg</i>	94

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<i>loratadine syp 5mg/5ml</i>	63	LUPR DEP-PED INJ 7.5MG	107
<i>loratadine tab 10mg</i>	63	<i>lutera tab</i>	89
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<i>mg</i>	68	<i>mag citrate sol grape</i>	116
<i>losartan potassium &</i>		<i>magnesium citrate soln</i>	116
<i>hydrochlorothiazide tab 100-25</i>		<i>magnesium oxide tab 400 mg (240</i>	
<i>mg</i>	68	<i>mg elemental mg)</i>	136
<i>losartan potassium &</i>		<i>magnesium oxide tab 400 mg</i>	
<i>hydrochlorothiazide tab 50-12.5</i>		<i>(241.3 mg elemental mg)</i>	136
<i>mg</i>	68	<i>magnesium oxide tab 500 mg (mg</i>	
<i>losartan potassium tab 100 mg</i>	66	<i>supplement)</i>	136
<i>losartan potassium tab 25 mg</i>	66	<i>magnesium-ox tab 400mg</i>	136
<i>losartan potassium tab 50 mg</i>	66	<i>magnesium tab 250mg</i>	136
<i>lovastatin tab 10 mg</i>	65	<i>malathion lotion 0.5%</i>	104
<i>lovastatin tab 20 mg</i>	65	<i>mapap apap liq 500/15ml</i>	35
<i>lovastatin tab 40 mg</i>	65	<i>mapap child chw 80mg</i>	35
<i>low-ogestrel tab</i>	89	<i>mapap chw 160mg</i>	35
<i>loxapine succinate cap 10 mg</i>	75	<i>mapap cold tab 10-5-325</i>	94
<i>loxapine succinate cap 25 mg</i>	75	<i>maraviroc tab 150 mg</i>	80
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<i>lubricating dro 0.5%</i>	146	<i>maxi-tuss ac sol</i>	94
<i>lubricating sol 0.4-0.3%</i>	146	<i>maxi-tuss g liq</i>	95
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<i>medifin 400 tab 400mg</i>	97	<i>memantine hcl tab 10 mg</i>	151
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MEDLANCE MIS PLUS	124	<i>mercaptopurine tab 50 mg</i>	69
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<i>susp 150 mg/ml</i>	91	<i>methimazole tab 10 mg</i>	155
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<i>mega multi tab women</i>	140	<i>mg/10ml (25 mg/ml)</i>	69
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<i>meloxicam tab 7.5 mg</i>	34	<i>(cd)</i>	30
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<i>ritonavir tab 100 mg</i>	80	<i>rosadan cre 0.75%</i>	104
<i>rivastigmine tartrate cap 1.5 mg</i>		<i>rosadan gel 0.75%</i>	104
(base equivalent)	151	<i>rosuvastatin calcium tab 10 mg</i> ...	65
<i>rivastigmine tartrate cap 3 mg (base</i>		<i>rosuvastatin calcium tab 20 mg</i> ...	65
equivalent)	151	<i>rosuvastatin calcium tab 40 mg</i> ...	65
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(base equivalent)	151	<i>rowepra tab 500mg</i>	50
<i>rivastigmine tartrate cap 6 mg (base</i>		<i>rufinamide susp 40 mg/ml</i>	50
equivalent)	151	<i>rufinamide tab 200 mg</i>	50
<i>rivastigmine td patch 24hr 13.3</i>		<i>rufinamide tab 400 mg</i>	50
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<i>selegiline hcl tab 5 mg</i>	72	<i>siladryl alr liq 12.5/5ml</i>	62
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<i>sm anti-diar tab 2mg</i>	59	<i>sm hydrocort cre 1% plus</i>	103
<i>sm antifungl cre 1%</i>	101	<i>sm hydrocort oin 1%</i>	103
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<i>sm complete tab adv form</i>	140	<i>sm nasal 12h spr 0.05%</i>	145
<i>sm complete tab senior</i>	140	<i>sm nasal dec tab 10mg pe</i>	145
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<i>sm fiber pow 28.3%</i>	114	<i>sm nicotine gum 2mg mint</i>	154
<i>sm fiber pow 48.57%</i>	114	<i>sm nicotine gum 4mg</i>	154
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<i>sm stool sof tab 8.6-50mg</i>	115	<i>sorine tab 160mg</i>	83
<i>sm triple oin antibiot</i>	100	<i>sorine tab 240mg</i>	83
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<i>sm vit b-6 tab 100mg</i>	163	<i>sotalol hcl tab 160 mg</i>	83
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SPRYCEL TAB 20MG	70
SPRYCEL TAB 50MG	70
SPRYCEL TAB 70MG	70
SPRYCEL TAB 80MG	70
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SYNTHROID TAB 125MCG	157	TECHLITE MIS LANCETS.....	126
SYNTHROID TAB 137MCG	157	TEGRETOL SUS 100/5ML	50
SYNTHROID TAB 150MCG	157	TEGRETOL TAB 200MG	50
SYNTHROID TAB 175MCG	157	TEGRETOL-XR TAB 100MG	51
SYNTHROID TAB 200MCG	157	TEGRETOL-XR TAB 200MG	51
SYNTHROID TAB 25MCG	157	TEGRETOL-XR TAB 400MG	51
SYNTHROID TAB 300MCG	157	<i>temazepam cap 15 mg</i>	114
SYNTHROID TAB 50MCG	157	<i>temazepam cap 30 mg</i>	114
SYNTHROID TAB 75MCG	157	TEMIXYS TAB 300-300	80
SYNTHROID TAB 88MCG	157	<i>temozolomide cap 100 mg</i>	69
<i>systeme dro contacts</i>	146	<i>temozolomide cap 140 mg</i>	69
<i>systeme icap cap areds2</i>	140	<i>temozolomide cap 180 mg</i>	69
<i>systeme oin</i>	146	<i>temozolomide cap 20 mg</i>	69
T		<i>temozolomide cap 250 mg</i>	69
<i>tab-a-vite tab</i>	141	<i>temozolomide cap 5 mg</i>	69
<i>tab-a-vite tab /iron</i>	139	TENIVAC INJ 5-2LF.....	157
<i>tab-a-vite tab beta car</i>	141	<i>tenofovir disoproxil fumarate tab</i>	
<i>tab tussin tab 400mg</i>	97	<i>300 mg</i>	80
<i>tab tussin tab dm</i>	96	<i>terazosin hcl cap 10 mg (base</i>	
<i>tacrolimus cap 0.5 mg</i>	138	<i>equivalent)</i>	67
<i>tacrolimus cap 1 mg</i>	138	<i>terazosin hcl cap 1 mg (base</i>	
<i>tacrolimus cap 5 mg</i>	138	<i>equivalent)</i>	67
<i>tacrolimus oint 0.03%</i>	103	<i>terazosin hcl cap 2 mg (base</i>	
<i>tacrolimus oint 0.1%</i>	103	<i>equivalent)</i>	67
TAGRISSO TAB 40MG	69		

<i>terazosin hcl cap 5 mg (base equivalent)</i>	67	THRESHOLD MIS IMT.....	134
<i>terbinafine cre 1%</i>	101	THYROGEN INJ 0.9MG	105
<i>terbinafine hcl tab 250 mg</i>	60	<i>tiadylt cap 120mg/24</i>	84
<i>terbutaline sulfate tab 2.5 mg</i>	47	<i>tiadylt cap 180mg/24</i>	84
<i>terbutaline sulfate tab 5 mg</i>	47	<i>tiadylt cap 240mg/24</i>	84
<i>terconazole vaginal cream 0.4%</i>	161	<i>tiadylt cap 300mg/24</i>	84
<i>terconazole vaginal cream 0.8%</i>	161	<i>tiadylt cap 360mg/24</i>	84
<i>terconazole vaginal suppos 80 mg</i>	161	<i>tiadylt cap 420mg/24</i>	84
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	40	<i>tiagabine hcl tab 12 mg</i>	51
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	40	<i>tiagabine hcl tab 16 mg</i>	51
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	40	<i>tiagabine hcl tab 2 mg</i>	51
TET/DIP TOX INJ 2-2 LF	157	<i>tiagabine hcl tab 4 mg</i>	51
<i>tetrabenazine tab 12.5 mg</i>	151	<i>timolol maleate ophth soln 0.25%</i>	146
<i>tetrabenazine tab 25 mg</i>	151	<i>timolol maleate ophth soln 0.5%</i>	146
TGT LANCET MIS 26G	126	<i>tioconazole oin 6.5% vag</i>	161
TGT LANCET MIS 30G	126	TIVICAY PD TAB 5MG	80
TGT LANCET MIS 33G	126	TIVICAY TAB 10MG	80
THALOMID CAP 100MG	137	TIVICAY TAB 25MG	80
<i>theophylline soln 80 mg/15ml</i>	48	TIVICAY TAB 50MG	80
<i>theophylline tab er 12hr 300 mg</i>	48	<i>tizanidine hcl tab 2 mg (base equivalent)</i>	143
<i>theophylline tab er 12hr 450 mg</i>	48	<i>tizanidine hcl tab 4 mg (base equivalent)</i>	143
<i>theophylline tab er 24hr 400 mg</i>	48	<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	148
<i>theophylline tab er 24hr 600 mg</i>	48	<i>tobramycin ophth soln 0.3%</i>	147
<i>thera-m tab</i>	140	TODAY SPONGE MIS.....	161
<i>therapeutic tab</i>	140	<i>tolnaftate cream 1%</i>	101
<i>thiamine mononitrate tab 100 mg</i>	163	<i>tolnaftate powder 1%</i>	101
THIN LANCETS MIS 26G.....	126	<i>tolterodine tartrate tab 1 mg</i>	160
THIN LANCETS MIS 30G.....	126	<i>tolterodine tartrate tab 2 mg</i>	160
THINLETS GP MIS 26G.....	126	TOPCARE MIS LANC 33G.....	126
<i>thioridazine hcl tab 100 mg</i>	77	<i>topiramate sprinkle cap 15 mg</i>	51
<i>thioridazine hcl tab 10 mg</i>	77	<i>topiramate sprinkle cap 25 mg</i>	51
<i>thioridazine hcl tab 25 mg</i>	77	<i>topiramate tab 100 mg</i>	51
<i>thioridazine hcl tab 50 mg</i>	77	<i>topiramate tab 200 mg</i>	51
<i>thiothixene cap 10 mg</i>	78	<i>topiramate tab 25 mg</i>	51
<i>thiothixene cap 1 mg</i>	78	<i>topiramate tab 50 mg</i>	51
<i>thiothixene cap 2 mg</i>	78	<i>torseamide tab 100 mg</i>	106
<i>thiothixene cap 5 mg</i>	78	<i>torseamide tab 10 mg</i>	106
		<i>torseamide tab 20 mg</i>	106
		<i>torseamide tab 5 mg</i>	106

TRACLEER TAB 32MG	85	<i>triamcinolone acetonide oint 0.1%</i>	
<i>tramadol hcl tab 50 mg</i>	38	.....	103
<i>trandolapril tab 1 mg</i>	66	<i>triamcinolone acetonide oint 0.5%</i>	
<i>trandolapril tab 2 mg</i>	66	.....	103
<i>trandolapril tab 4 mg</i>	66	TRIAMCINOLON POW ACETONID	103
<i>tranylcypramine sulfate tab 10 mg</i>		<i>triamterene & hydrochlorothiazide</i>	
.....	52	<i>cap 37.5-25 mg</i>	106
<i>travel ease chw 25mg</i>	60	<i>triamterene & hydrochlorothiazide</i>	
<i>trazodone hcl tab 100 mg</i>	53	<i>tab 37.5-25 mg</i>	106
<i>trazodone hcl tab 150 mg</i>	53	<i>triamterene & hydrochlorothiazide</i>	
<i>trazodone hcl tab 50 mg</i>	53	<i>tab 75-50 mg</i>	106
TRELEGY AER ELLIPTA.....	47	<i>triazolam tab 0.125 mg</i>	114
<i>treprostinil inj soln 100 mg/20ml (5</i>		<i>triazolam tab 0.25 mg</i>	114
<i>mg/ml)</i>	85	<i>tri-buff asa tab 325mg</i>	37
<i>treprostinil inj soln 200 mg/20ml</i>		<i>tricon cap</i>	112
<i>(10 mg/ml)</i>	85	<i>tri-estaryll tab</i>	90
<i>treprostinil inj soln 20 mg/20ml (1</i>		<i>tri femynor tab</i>	90
<i>mg/ml)</i>	85	<i>trifluoperazine hcl tab 10 mg (base</i>	
<i>treprostinil inj soln 50 mg/20ml (2.5</i>		<i>equivalent)</i>	77
<i>mg/ml)</i>	85	<i>trifluoperazine hcl tab 1 mg (base</i>	
<i>tretinoin cap 10 mg</i>	71	<i>equivalent)</i>	77
<i>tretinoin cream 0.025%</i>	99	<i>trifluoperazine hcl tab 2 mg (base</i>	
<i>tretinoin cream 0.05%</i>	99	<i>equivalent)</i>	77
<i>tretinoin cream 0.1%</i>	99	<i>trifluoperazine hcl tab 5 mg (base</i>	
<i>tretinoin gel 0.01%</i>	99	<i>equivalent)</i>	77
<i>tretinoin gel 0.025%</i>	99	<i>trifluridine ophth soln 1%</i>	147
<i>triamcinolone acetonide cream</i>		<i>trihexyphenidyl hcl oral soln 0.4</i>	
<i>0.025%</i>	103	<i>mg/ml</i>	71
<i>triamcinolone acetonide cream 0.1%</i>		<i>trihexyphenidyl hcl tab 2 mg</i>	71
.....	103	<i>trihexyphenidyl hcl tab 5 mg</i>	71
<i>triamcinolone acetonide cream 0.5%</i>		TRIKAFTA TAB	155
.....	103	<i>tri-linyah tab</i>	90
<i>triamcinolone acetonide dental</i>		<i>tri-lo-mili tab</i>	90
<i>paste 0.1%</i>	139	<i>tri-lo tab estaryll</i>	90
<i>triamcinolone acetonide lotion</i>		<i>tri-lo- tab marzia</i>	90
<i>0.025%</i>	103	<i>tri-lo- tab sprintec</i>	90
<i>triamcinolone acetonide lotion 0.1%</i>		<i>tri-mili tab</i>	90
.....	103	TRINATAL RX TAB 1	143
<i>triamcinolone acetonide nasal</i>		<i>tri-nymyo tab</i>	90
<i>aerosol suspension 55 mcg/act</i>	144	<i>triphrocaps cap</i>	139
<i>triamcinolone acetonide oint</i>		<i>triple antib oin</i>	100
<i>0.025%</i>	103	<i>triple antib oin max st</i>	100
		<i>triple antib oin pain rlf</i>	100

<i>triple antib oin plus</i>	100	TRUSTEX MIS VANILLA	120
<i>tri-previfem tab</i>	90	TRUSTX NON-9 MIS RIB/STUD...	120
<i>tri-sprintec tab</i>	90	TRUZONE PEAK MIS FLOW MTR .	134
TRIUMEQ TAB	80	TUBE CLEANIN MIS BRUSH	134
TRI-VI-SOL SOL A/C/D	142	<i>tulana tab 0.35mg</i>	91
<i>tri-vit/fluo dro 0.25mg</i>	142	<i>tusnel diabt liq 10-100/5</i>	96
<i>tri-vit/fluo dro 0.5mg</i>	142	<i>tusnel-ex liq 100/5ml</i>	97
<i>trivora-28 tab</i>	90	<i>tussin adult liq 100/5ml</i>	97
<i>tri-vylibra tab</i>	90	<i>tussin adult liq cgh/cong</i>	96
<i>tri-vylibra tab lo</i>	90	<i>tussin chest syp 100/5ml</i>	97
<i>trosipium chloride tab 20 mg</i>	160	<i>tussin dm liq</i>	96
TRUE COMFORT MIS LANC 30G..	126	<i>tussin dm liq 100-10/5</i>	96
TRUE COMFORT PAD PRO.....	128	<i>tussin dm liq 10-100/5</i>	96
TRUE METRIX TES GLUCOSE	105	<i>tussin dm liq 10-100mg</i>	96
TRULICITY INJ 0.75/0.5.....	57	<i>tussin dm liq 20-400mg</i>	96
TRULICITY INJ 1.5/0.5	57	<i>tussin dm liq 5-100mg</i>	96
TRULICITY INJ 3/0.5	57	<i>tussin dm mx liq</i>	96
TRULICITY INJ 4.5/0.5	57	<i>tussin dm syp 100-10/5</i>	96
TRUPLUS LANC MIS 26G	126	<i>tussin mucus liq 100/5ml</i>	97
TRUPLUS LANC MIS 28G	126	TWINRIX INJ	161
TRUPLUS LANC MIS 30G	126	TYBOST TAB 150MG.....	80
TRUPLUS LANC MIS 33G	126	TYMLOS INJ	107
TRUSTEX/RIA MIS LUBRICAT	120	U	
TRUSTEX/RIA MIS NON-LUB.....	120	ULTICARE PAD ALCOHOL	128
TRUSTEX/RIA MIS SPERMICI	120	ULTILET MIS 26G.....	126
TRUSTEX LUBR MIS ASSORTED .	119	ULTILET MIS 28G.....	126
TRUSTEX LUBR MIS BANANA	119	ULTILET MIS 33G.....	126
TRUSTEX LUBR MIS CHOC.....	119	ULTILET MIS LANCETS.....	126
TRUSTEX LUBR MIS COLA	119	ULTILET PAD ALCOHOL.....	128
TRUSTEX LUBR MIS COLORS	119	<i>ultra eye dr dro 0.4-0.3%</i>	146
TRUSTEX LUBR MIS EX LARGE...	119	ULTRA THIN MIS 33G	126
TRUSTEX LUBR MIS EX STR.....	119	ULTRA THIN MIS LAN 31G.....	126
TRUSTEX LUBR MIS GRAPE	119	ULTRA THIN MIS LANC 28G.....	126
TRUSTEX LUBR MIS MINT	119	ULTRA THIN MIS LANC 30G.....	126
TRUSTEX LUBR MIS RIB/STUD...	120	ULTRA THIN MIS LANCETS	126
TRUSTEX LUBR MIS SPERMICI ...	120	UNIFIBER POW	114
TRUSTEX LUBR MIS STRWBRY ...	120	UNILET CMFR MIS TCH 28G.....	126
TRUSTEX LUBR MIS VANILLA.....	120	UNILET CMFR MIS TCH 30G.....	126
TRUSTEX MIS BANANA	120	UNILET EXCEL MIS 23G	126
TRUSTEX MIS CHOCOLAT.....	120	UNILET EX II MIS 28G	126
TRUSTEX MIS FLAVORS	120	UNILET G.P. MIS 21G	127
TRUSTEX MIS MINT.....	120	UNILET G.P MIS SUPR 23G.....	126
TRUSTEX MIS STRWBRY	120	UNILET GP 28 MIS ULT THIN	127

UNILET LANCE MIS 21G	127	<i>valproate sodium oral soln 250</i>	
UNILET LANCE MIS 28G	127	<i>mg/5ml (base equiv)</i>	52
UNILET LANCE MIS 33G	127	<i>valproic acid cap 250 mg</i>	52
UNILET LANCT MIS 28G	127	<i>valsartan-hydrochlorothiazide tab</i>	
UNILET LANCT MIS 30G	127	<i>160-12.5 mg</i>	68
UNILET LANCT MIS 33G	127	<i>valsartan-hydrochlorothiazide tab</i>	
UNILET MICRO MIS 33G.....	127	<i>160-25 mg</i>	68
UNILET MIS 21G	127	<i>valsartan-hydrochlorothiazide tab</i>	
UNILET SUPER MIS 23G.....	127	<i>320-12.5 mg</i>	68
UNILET SUPER MIS G.P. 23G	127	<i>valsartan-hydrochlorothiazide tab</i>	
<i>unithroid tab 100mcg</i>	157	<i>320-25 mg</i>	68
<i>unithroid tab 112mcg</i>	157	<i>valsartan-hydrochlorothiazide tab</i>	
<i>unithroid tab 125mcg</i>	157	<i>80-12.5 mg</i>	68
<i>unithroid tab 137mcg</i>	157	<i>valsartan tab 160 mg</i>	66
<i>unithroid tab 150mcg</i>	157	<i>valsartan tab 320 mg</i>	66
<i>unithroid tab 175mcg</i>	157	<i>valsartan tab 40 mg</i>	66
<i>unithroid tab 200mcg</i>	157	<i>valsartan tab 80 mg</i>	66
<i>unithroid tab 25mcg</i>	157	VALTOCO SPR 10MG	49
<i>unithroid tab 300mcg</i>	157	VALTOCO SPR 15MG	49
<i>unithroid tab 50mcg</i>	157	VALTOCO SPR 20MG	49
<i>unithroid tab 75mcg</i>	157	VALTOCO SPR 5MG	49
<i>unithroid tab 88mcg</i>	157	VANDAZOLE GEL 0.75%	161
UNIVERSAL 1 MIS 33G	127	VAQTA INJ 25/0.5ML	161
UNIVERSAL 1 MIS LANC 26G	127	VAQTA INJ 50UNT/ML.....	161
UNIVERSAL 1 MIS LANC 30G	127	VARENICLINE TAB 0.5MG.....	154
UPTRAVI TAB 1000MCG.....	85	VARENICLINE TAB 1MG.....	154
UPTRAVI TAB 1200MCG.....	85	VAXNEUVANCE INJ.....	160
UPTRAVI TAB 1400MCG.....	85	<i>v-c forte cap.....</i>	140
UPTRAVI TAB 1600MCG.....	85	VCF VAGINAL AER CONTRACP....	161
UPTRAVI TAB 200MCG.....	85	VCF VAGINAL MIS CONTRACP....	161
UPTRAVI TAB 400MCG.....	85	<i>velivet pak.....</i>	90
UPTRAVI TAB 600MCG.....	85	VELTASSA POW 16.8GM.....	138
UPTRAVI TAB 800MCG.....	85	VELTASSA POW 25.2GM.....	138
<i>ursodiol cap 300 mg</i>	109	VELTASSA POW 8.4GM	138
<i>ursodiol tab 250 mg</i>	109	VEMLIDY TAB 25MG	81
<i>ursodiol tab 500 mg</i>	109	<i>venlafaxine hcl cap er 24hr 150 mg</i>	
V		<i>(base equivalent)</i>	53
<i>valacyclovir hcl tab 1 gm</i>	81	<i>venlafaxine hcl cap er 24hr 37.5 mg</i>	
<i>valacyclovir hcl tab 500 mg</i>	81	<i>(base equivalent)</i>	53
<i>valganciclovir hcl for soln 50 mg/ml</i>		<i>venlafaxine hcl cap er 24hr 75 mg</i>	
<i>(base equiv)</i>	81	<i>(base equivalent)</i>	53
<i>valganciclovir hcl tab 450 mg (base</i>		<i>venlafaxine hcl tab 100 mg (base</i>	
<i>equivalent)</i>	81	<i>equivalent)</i>	53

<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	53	<i>virt-caps cap</i>	139
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	53	<i>virt-phos tab 250 neut</i>	137
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	53	<i>virtussin ac liq 100-10/5</i>	96
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	53	<i>virtussin ac sol 100-10/5</i>	96
<i>verapamil hcl tab 120 mg</i>	84	<i>vit a/c/d/fl dro 0.25mg</i>	142
<i>verapamil hcl tab 40 mg</i>	84	VITAFOL-OB TAB 65-1MG.....	143
<i>verapamil hcl tab 80 mg</i>	84	<i>vitamin d3 dro 10mcg/ml</i>	162
<i>verapamil hcl tab er 120 mg</i>	84	<i>vitamin d-3 tab 5000unit</i>	162
<i>verapamil hcl tab er 180 mg</i>	84	<i>vitamin d tab 1000unit</i>	162
<i>verapamil hcl tab er 240 mg</i>	84	<i>vitamin d tab 400unit</i>	162
<i>vestura tab 3-0.02mg</i>	90	<i>vita s forte tab</i>	140
<i>vic-forte cap</i>	140	VIVAGUARD MIS 30G	127
<i>vienva tab 0.1-20</i>	90	VIVITROL INJ 380MG	59
<i>vigabatrin powd pack 500 mg</i>	51	<i>volnea tab</i>	90
<i>vigabatrin tab 500 mg</i>	51	VOLTAREN GEL 1%	100
<i>vigadrone pow 500mg</i>	51	VORTEX VALVE MIS CHAMBER ...	135
VIMPAT SOL 10MG/ML.....	51	VOSEVI TAB.....	81
VIMPAT TAB 100MG	51	<i>vp-vite rx tab</i>	139
VIMPAT TAB 150MG	51	VRAYLAR CAP 1.5-3MG.....	73
VIMPAT TAB 200MG	51	VRAYLAR CAP 1.5MG.....	73
VIMPAT TAB 50MG	51	VRAYLAR CAP 3MG.....	73
VINATE II TAB.....	143	VRAYLAR CAP 4.5MG.....	73
VINATE ONE TAB	143	VRAYLAR CAP 6MG.....	73
VIOKACE TAB 10440	105	<i>vyfemla tab 0.4-35</i>	90
VIOKACE TAB 20880	105	<i>vylibra tab 0.25-35</i>	90
<i>viorele tab</i>	90	W	
VIOS LC MIS SPRINT	134	<i>warfarin sodium tab 10 mg</i>	48
VIOS LC PLUS MIS	134	<i>warfarin sodium tab 1 mg</i>	48
VIOS LC PLUS MIS DELUXE	134	<i>warfarin sodium tab 2.5 mg</i>	48
VIOS LC PLUS MIS PEDIATRC ...	134	<i>warfarin sodium tab 2 mg</i>	48
VIOS MIS SYSTEM.....	134	<i>warfarin sodium tab 3 mg</i>	48
VIOS PRO LC+ MIS SYSTEM	135	<i>warfarin sodium tab 4 mg</i>	48
VIOS PRO LC MIS SPRINT	134	<i>warfarin sodium tab 5 mg</i>	48
VIRACEPT TAB 250MG.....	80	<i>warfarin sodium tab 6 mg</i>	48
VIRACEPT TAB 625MG.....	80	<i>warfarin sodium tab 7.5 mg</i>	48
VIREAD POW 40MG/GM.....	80	<i>water for irrigation, sterile irrigation soln</i>	138
VIREAD TAB 150MG	81	WEBCOL PREP PAD LARGE	128
VIREAD TAB 200MG	81	WEBCOL PREP PAD MEDIUM	128
VIREAD TAB 250MG	81	<i>weekly-d cap 50000unt</i>	162
		<i>wera tab 0.5/35</i>	90
		<i>wescaps cap</i>	139
		WHISPER AIRE MIS AER DELI ...	135

WHISPER AIRE MIS PED AERO ...	135	ZENPEP CAP 20000UNT.....	105
WHISPER AIRE MIS PED NEBU ...	135	ZENPEP CAP 25000	105
WILLIS THE MIS WHALE	135	ZENPEP CAP 3000UNIT	105
WINDMILL MIS TRAINER.....	135	ZENPEP CAP 40000	105
WING TIP MIS TUBING	135	ZENPEP CAP 5000UNIT	105
<i>wixela inhub aer 100/50</i>	<i>47</i>	<i>zenzedi tab 10mg</i>	<i>29</i>
<i>wixela inhub aer 250/50</i>	<i>47</i>	<i>zenzedi tab 5mg</i>	<i>29</i>
<i>wixela inhub aer 500/50</i>	<i>48</i>	ZEPATIER TAB 50-100MG	81
<i>womans laxat tab 5mg ec</i>	<i>117</i>	ZEVRX STERIL PAD ALCHOL	128
<i>womens laxat tab 5mg ec</i>	<i>117</i>	ZEVRX TWIST MIS LANC 30G	127
<i>womens one tab daily.....</i>	<i>140</i>	<i>zidovudine cap 100 mg.....</i>	<i>81</i>
X		<i>zidovudine syrup 10 mg/ml.....</i>	<i>81</i>
XELJANZ SOL 1MG/ML.....	32	<i>zidovudine tab 300 mg</i>	<i>81</i>
XELJANZ TAB 10MG	32	ZIEXTENZO INJ 6/0.6ML	112
XELJANZ TAB 5MG	32	<i>zinc sulfate cap 220 mg (50 mg</i>	
XELJANZ XR TAB 11MG.....	32	<i>elemental zn).....</i>	<i>137</i>
XELJANZ XR TAB 22MG.....	33	<i>ziprasidone hcl cap 20 mg.....</i>	<i>73</i>
XIIDRA DRO 5%	147	<i>ziprasidone hcl cap 40 mg.....</i>	<i>73</i>
XOLAIR INJ 150MG/ML	46	<i>ziprasidone hcl cap 60 mg.....</i>	<i>73</i>
XOLAIR INJ 75/0.5.....	46	<i>ziprasidone hcl cap 80 mg.....</i>	<i>73</i>
XOLAIR SOL 150MG	46	<i>zolpidem tartrate tab 10 mg</i>	<i>114</i>
<i>xulane dis 150-35</i>	<i>90</i>	<i>zolpidem tartrate tab 5 mg.....</i>	<i>114</i>
XYREM SOL 500MG/ML	150	<i>zonisamide cap 100 mg</i>	<i>51</i>
Y		<i>zonisamide cap 25 mg.....</i>	<i>51</i>
<i>yuvaferm tab 10mcg.....</i>	<i>161</i>	<i>zonisamide cap 50 mg</i>	<i>51</i>
Z		<i>zoo friends chw.....</i>	<i>141</i>
<i>zafemy dis 150/35</i>	<i>90</i>	<i>zoo friends chw extra c</i>	<i>142</i>
ZARXIO INJ 300/0.5	112	<i>zoo friends chw gummies</i>	<i>142</i>
ZARXIO INJ 480/0.8.....	112	<i>zoo friends chw pls iron</i>	<i>142</i>
ZEMAIRA INJ 1000MG.....	154	<i>zovia 1/35e tab</i>	<i>90</i>
<i>zenatane cap 10mg.....</i>	<i>99</i>	<i>zovia 1/35 tab.....</i>	<i>90</i>
<i>zenatane cap 20mg.....</i>	<i>99</i>	<i>zumandimine tab 3-0.03mg</i>	<i>90</i>
<i>zenatane cap 30mg.....</i>	<i>99</i>	ZYPREXA RELP INJ 210MG	76
<i>zenatane cap 40mg.....</i>	<i>99</i>	ZYPREXA RELP INJ 300MG	76
ZENPEP CAP 15000UNT.....	105	ZYPREXA RELP INJ 405MG	76